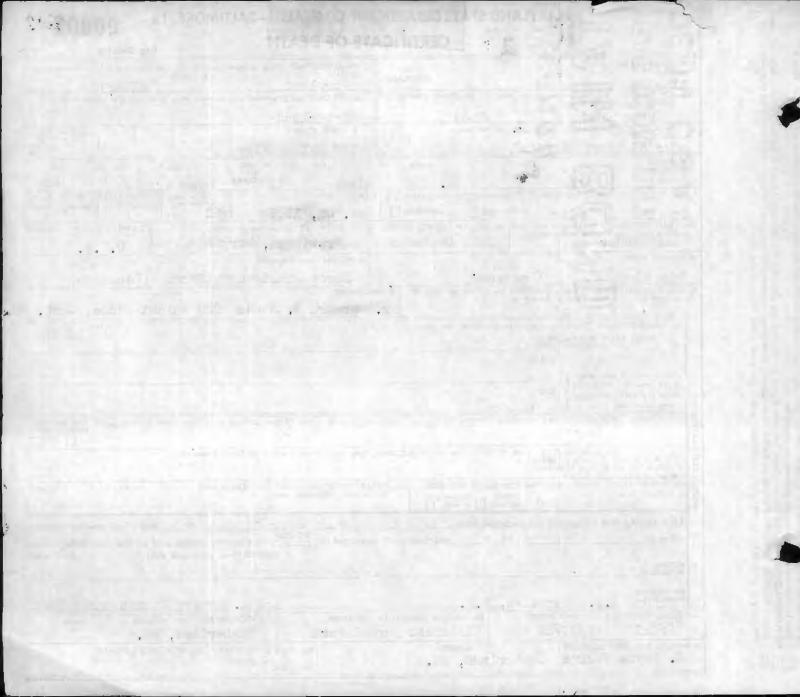
62

	Ü		
	comp	papers	die
	puo u	rebon	Her de
	hysicia	nave co	Sourt o
	ding p	ose ren	n 77 h
	affen	en plec	t with
	by the	t. The	V even
	gned	permi	10 00
sicion.	s ueed	ransit	L' and
yhd Br	bos t	puriol-1	emovo
Hendir	ifficate	the t	n. ar r
l ar a	iis cer	USe O	matia
spita	Her #	d for	I. cre
, P	JR: A	tache	buria
-14	5	de	r to
peu	I KE	Ď.	Drid
be retained to be hospital or ottending physician.	ERAL C	e 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers.	eqistrar prior ta burial, cremation, or removal, and in now event within 72 hours offer death.
-13	Z	40	0

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
1. 1	CERTIFICATE	OF	DEATH	Re

00001

										MAR' DIS	1. 140.		
1. PLACE OF DEA					Terret	2. USUAL RES	IDENCE (WI	nere decease	d lived. If institut	ion- Residenc	a before	odmissio	3n)
Allegan	V			MAI	RYLAND	1	land		B. COUNT		agany	r	
b. CITY OR TO	WN (If outside give nearest tow	corporate fimi m)	its, write	c. LENGTH OF STA				utside corpo	rate limits, write I	RURAL ond g	ive neare	st lown)	
	erland			2mos 5 da	ys	Cumbe	rland	-02					
d. NAME OF H	TION	-		address)		d. STREET		1				IS RESIL	FARM?
Sacred	Heart	Hospit	al			1 220 W	alnut	Place			_ '	res 🗀	NO 🔼
3. NAME OF DECEASED (Type or print)	Δ'n	na na	rs1	Midd	le	Adams	ist	4. DATE OF DEATH	Mo	- 3	Day		9 K Q
S. SEX			7. 444.00	RIED NEVER MARI	DIED []	8. DATE OF BIRT	PM		9. AGE (In years		VEAD IE		11.
Female		ite	WIDOW			Dec. 31		5	lost birthdoy) 52 yrs	Months		laurs	Min.
10a. USUAL OCCU	PATION (Give	kind of work	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHP	LACE (State	or foreign c	ountry)	12. CITI	ZEN OF	WHAT	COUNTS
Backwi	nder	even if retired		Silk busin			stburg				J.S.A		.OUNIX
13. FATHER'S NAM	(E					14. MOTHER'S	S MAIDEN N	AME					
John St	afford	(D	eceas	sed)		Sara	h Will	liams	Stafford	(Dec	cease	(5)	
S. WAS DECEASE	DEVER IN U. S	ARMED FOR	CES? 16	SOCIAL SECURITY N	0. 17. 1	NFORMANT				ress	, can c		
(Yes. no. or unknown)	(if yes, give	war or dates of s	ervice]	DOCALO DECOMINATOR			.9 YE 1	1.1.				-	
140,					M.	• Lernar	CL N. I	ldams	220 Wal	nut P	lace,	Cu	mb.
Canditions	DEATH WAS IMMEDIA	DUE TO		arer	222	of Cer	sing e	Cerebre	1 My iten	lee 2	ONSET	AND I	DEATH
gove rise couse (a), sh	to immediate	e (, , , ,	,			·				** ********			
lying cause) (c))										
PART II	OTHER SIGN	IFICANT CON	DITIONS C	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEAS	CONDITION GI	VEN IN PART		WAS AL	WED5
200. ACCIDEN	IT WAS UNDER	LYING [] E OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter noture o	of injury in P	ort I or Port	(I of item 18.)		1	-3 [_]	NO L
20c. TIME OF I	NJURY Month		While	NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, form, e bldg., efc.	20f. (City	or town)	(Co	ounly}		(State)
	, m.			k ol work				1				S	-
21. I certif	v that Latt	ended the	decease	ed from	9 pm.	2 5 10 AT	lo «	241	len 10 7	That I la		Alexandra	9
alive on		1 Gara	., 19	2, and the	t death	occurred at	12:20	M. from	the causes of	and on the	e date	stated	ecease Labay
	0	0		-				ADDRESS (SI	reet, city or town,	state)			E SIGNE
ACTUAL SIGNATURE	Var	motors t	5 1	tegrmener		un 122					21 22		4
PHYSICIAN'S	0			0		W.U. (
NAME (Type)		Stegma:	-	M.D.			1	22 S.	Centre	Street	Cum	her	Land
PEMOVAL (SOLUTIAL)		27/59	F	Hillcres				22d. LOCA1	ION (City, lown,	ar county)		(State)	
					C DUI	Lar lac.			berland,				
3. FUNERAL DIRECT	ne Geor		mber1	and, Md.				BY REGIST	- 0	Thur &	VATURE VALUE		
							I CULTURE	2 m n n			Louis		



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certification, writing the ward "pending" in pendi in lem, 18. Give Pages 1, 2, and 3 to the funeral did a should be forward to the Chief Medical Examinar's Office along with form PM3. Page 5 may be retained for 50% files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File gages 1 and 2 with the State Board of Health, or its designated agent, prior to buriol, cremotion, at removal, and in any event within 72 hours after death.

I

01

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 00002 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

			has did it to the other day of the day	JU. 6 - U - J. J.				
1. PLACE OF DEATH 0. COUNTY Alle	gany		MARYLAN	2. USUAL RESIDEN			rion: Residence b	efore admission)
and give necrest tou	Il outside corporate limits, wri	e RURAL	c. LENGTH OF STAY IN 1		N (If outside cor	porote limits, write		neorest town)
	TAL OR INSTITUTION	_	tol, give street address)	d, STREET ADDR				IS RESIDENCE ON A FARM?
	s Mospita	Щ	1	David	son Str	eet		YES NO NO
3. NAME OF DECEASED (Type or print)	JOHN		R. Middle	ANDERSON,	4. DATE OF DEATH	1/30/1		Yeor 19
5. SEX Male	6. COLOR OR RACE White	7. MARRIED	DIVORCED [May	1884	9. AGE (In years last birthday) 7475 yrs.	Months Days	Hours Min.
Labor	ng life, even if retired)	iekya	nd of business or indi rd	Lonace	oning,	MD.	U.S.	OF WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIE				
	mes Ander				oeth Ho			
[Yes, no, or triknown]	VER IN U. S. ARMED FC	peraice)		John Ander	rson	Frostb	urg, M	0.
	idiole couse	· Ene	Thre Bust	Compou	Such Such nel Fil	etise /	H Feyica	LEVAL BETWEEN SET AND DEATH
cause last.	(c	1621	pound h	WEILVE KT	1/6/11	3/160	1/	
S		IDITIONS CON	TRIBUTING TO DEATH BU	IT NOT RELATED TO THE T	TERMINAL DISEAS	E CONDITION GIV	EN IN PART 3(o)	PERFORMED?
	USE WAS ONTRIBUTING []	STAW	chy by au	To 1110 bile	Port I or Port II	of item 18.)	4	
20c. TIME OF INJU	JRY Month, Day, Ye / -30 19	69 While	Not while	PLACE OF INJURY (Home, actory, street, office bldg,	form. 201. (Cit	rosthu	(County)	(State)
21. 1 certify !	hat I took charge	e of the re	moins described a	bove, held an Aut	apsy 🔲, I	nspection 🔼	Inquiry X	, and in my
apinion death	resulted fram:	Natural ca	uses []. Acciden	t ☑, Suicide ☐	, Hamicide	. Undete	rmined mann	er 🔲
ACTUAL SIGNATURE	00.	110/	Une	m.v.	AL EXAMINER	- T	210 3	DATE SIGNED
EXAMINER'S NAME (Type)	WO711	40	110 7119	ASSISTANT M	CAL EXAMINER	Seed .	1959	
270. BURIAL, CREMATION REMOVAL (Specify Burial	2/2/19		old Coney	Cemetery	-	HON (City, town, c		(State)
73. FUNERAL DIRECTO			ADDRESS	3.00	REC'D BY REGIS	RAR 246. REGIS	TRAR'S SIGNATU	IRE
GEORGE	EICHHORN	LO	ONACON ING,	MD. DAT	FEB 2 '5	9 Cui	hun S. Firm	rd.

A THE REPORT OF THE PROPERTY O MTATE SO STADULTING EXCENSIVE LANGUAGE 4 P. Lieb Street, Chr. 7 (43) The second second second second second Intern 6 6

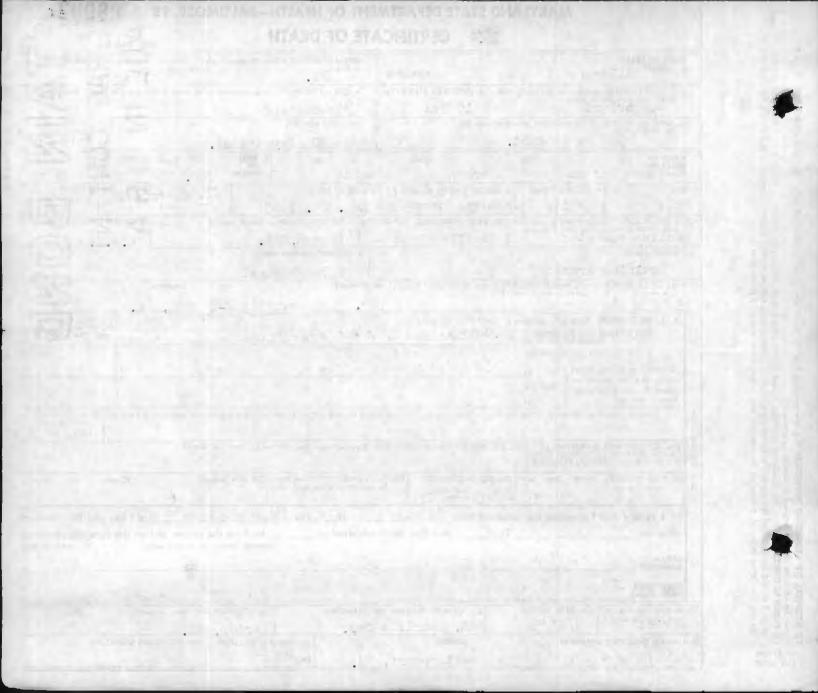
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Allegany M.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Allegans
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) Cumberland 10 Yrs	at 1 CE ally
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 309 Fayette St.	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\text{NO} \(\text{NO} \)
3. NAME OF First Mice (Type or print) Harmon Brown	Arnold Lost 4. DATE Month Day Year OF DEATH Jan. 20 19 50
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA Male White WIDOWED DIVO	
Machine operator 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) Machine operator Textile Pl	
Dominick Arnold	14. MOTHER'S MAIDEN NAME Ellen Michael
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY 170s. no. or unknown) 11t yes, give wor or dolus of service)	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES [] NO []
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work 19 of work of work 19 of work 19	RY OCCURRED. (Enter nature of injury in Port (or Port () of item 18.)
1.47	hat death accurred atM, from the causes and an the date stated above ADDRESS (Street, city or lown, state) //22/59
PHYSICIAN'S E. G., BKINGS	55 green At. Cumberland
Buyala (Specify) 1/23/59 St. Gab	CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Priels Cem. Barton, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Western	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AN 26'59 Orthog & Frank



eoth. Poge 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after of

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
----------	-------	-------------------	----	-------------------	----

00004

CERTIFICATE OF DEATH

Ren.	Dist	Ma

						sendt mint.	110.
1. PLACE OF DEATH	EGANY	MARYLAND	2. USUAL RESIDENCE o. STATE MARYL		d lived. If instituti b. COUNTY		before admission)
b. CITY OR TOWN (!! RURAL and give ne CUMBER		c. LENGTH OF STAY IN 16	c. CITY OR TOWN		prote limits, write R	URAL and give	nearest town)
d. NAME OF HOSPIT. OR INSTITUTION MEMOR	AL & WARWICK	AVES.,	B. STREET ADDRE		L HIGHWA	Υ	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First JAME	Middle S CLAYTON	Losi BANE	4. DATE OF DEATH	January		Doy Year
5. SEX MALE	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH9/	5/1880			EAR IF UNDER 24 HRS.
10o. USUAL OCCUPATIOn during most of work Retired	ing life, even if refired)	Western Maryl				12. CITIZE	N OF WHAT COUNTRY
13. FATHER'S NAME HOL	LAND BANE	Railroad	REBECC				
	IN U. S. ARMED FORCES? If yes, give wor or dates of service)		rs. J. Cla	yton Ba			l Highway
Conditions, if or gove rise to in couse (o), stating t	he under-	Carenno,	on eles	Gr.	, in		INTERVAL BETWEEN ONSET AND DEATH
200. ACCIDENT WA		NS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE				'EN IN PART I(PERFORMED? YES NO
(IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour g. m. p. m.	Medical Examiner) / Month, Doy, Year 20	d. INJURY OCCURRED 20e. PL hile Not while work of work	ACE OF INJURY (Home, ctary, street, office bldg.	form, 20f. (City	y ar tawn)	(Cour	niy) (Slale)
	at I attended the dec	eased fram 9/1/952, and that death		ADDRESS (S		ind an the	DATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify) Burial	1/14/59	22c. NAME OF CEMETERY C	or CREMATORY urial Park		TION (City, town, o		(Stote)
23. FUNERAL DIRECTOR'S		ADDRESS erland, Maryla	1 - 1 - 1	REC'D BY REGIST	TRAR 24b. REGIS	TRAR'S SIGNA	ATURE

the base printer to the printer of the second of the secon

FOR STAT HEALTH DEPT

ond ond

Page 1

within 24 haurs after de 186. Give Pages 1, 2, 19 with form PM3. Pag ermit. File pages 1 ar d in any event within 7

llem H

Office

pasa

The word "p Chief Medic 3 shauld be

FOTA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY 6. COUNTY ALLEGANY ALLEGANY MARYI AND MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) CUMBERLAND CUMBERLAND 2 DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d' STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO DX 610 HILL TOP DRIVE WARWICK & MEMORIAL AVENUES 3. NAME OF First Middle 4. DATE Ymar DECEASED (Type or print) CALVIN BASHER DEATH January 16 19 59 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE Iln years IFUNDER TYEAR IF UNDER 24 HRS. Months Doys Hours MALE WHITE WIDOWED | DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired Heater-Rolling Mill Railroad PENNSYLVANIA . ##S 12 CITIZEN OF WHAT COUNTRY? ##Sharon U. S. A. 13. FATHER'S NAME MA MOTHER'S MAIDEN NAME CATHERINE ERNST CHRISTOPHER BASHER 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO. MEMORIAL HOSPITAL - CUMBERLAND. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c),] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Acute Cardiac Failure l hr. IMMEDIATE CAUSE (0) **DUE TO** Conditions, if ony, which Coronary Sclerosis with Occlusion gove rise to immediate couse and Cardiac Hypertrophy, Marked **DUE TO** (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPS PERFORMED? Fracture of Left Hip YES INO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Fell at home in his bedroom 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (Stote) (County) foctory, street, affice bldg., etc.) While al wark at wark Cumberland, Alleg. Md. Home 2). I certify that I took charge of the remains described above, held an Autopsy XI, Inspection XI, Inquiry XI, opinian death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE A ASSISTANT MEDICAL EXAMINER ["] EXAMINER'S Skitarelic, Md D. NAME (Type) DEPUTY MEDICAL EXAMINER Jan. 16, 1959 220. BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (Cily, lown, or county) Burial

Mary Cem.

ADDRESS

Cumberland, Md.

Cumberland, Md.

246. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

DATE AN 2 0 '59

VS. A15ME 584 2/57

should Puner

70

23. FUNERAL DIRECTOR'S SIGNATURE

Scarpel

THE PART OF THE PA VICE THE PROPERTY OF THE STATE OF THE S hasteni Ammedicares salatan che e el I Vist to springer model to the I am Tellist Company of the contract of the

e. IS RESIDENCE ON A FARM?

YES NO TY

1059

6.

Doys

U.S.A.

Hancock Md.

Months

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY

ONSET AND DEATH

Reg. Dist. No.

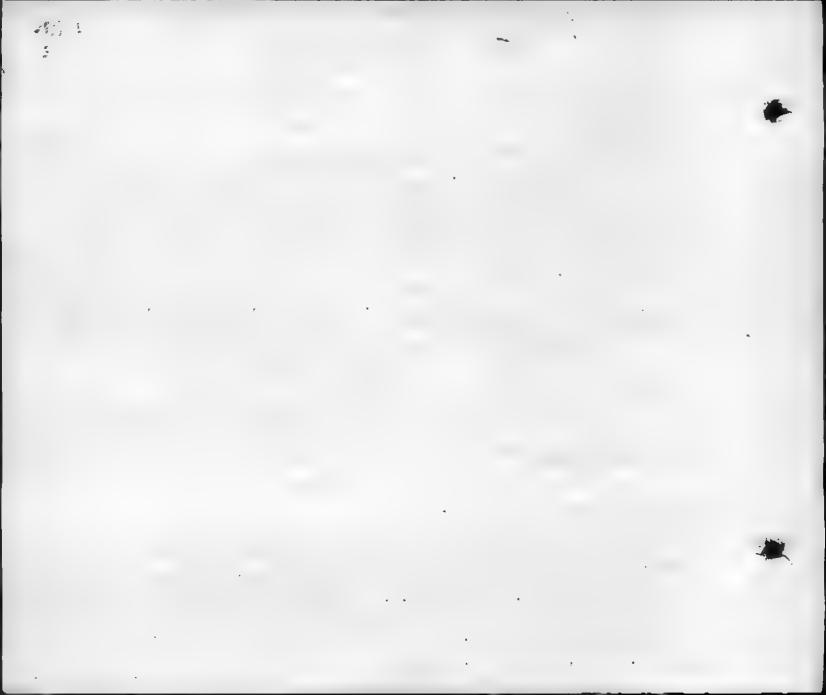
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 77 (County) (Stote) 1957, that I last saw the deceased and That death accurred at I C PM, from the couses and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) (Stote) Allegany Md 24a, REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE



		84	CERTIFICA	IE OF DEATH	R	eg. Dist. No.				
1		PLACE OF DEATH COUNTY	MARYLAND	2 USUAL RESIDENCE (Where deceded o. STATE	sed lived if institution b. COUNTY					
1		b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor	parate limits, write RURA	Allegany Il ond give nearest lawn)				
	\vdash	Flintstone d. NAME OF HOSPITAL (If not in hospital, give stree	9 years	J. Flintstone		e. IS RESIDENCE				
)	-	d. NAME OF MOSPITAL (If not in hospital, give stree OR INSTITUTION Residence				ON A FARM? YES NO 29				
		NAME OF DECEASED (Type or print) Samuel	A. Benne	ett Lost 4. DATI	-	20 Doy Year 59				
	5	Molo White		ugust 14, 1868		UNDER 1 YEAR IF UNDER 24 HRS anths Days Hours Min				
	10e	USUAL OCCUPATION (Give kind of work done 10) during most at working life, even if retired) XX I(etired	B. KIND OF BUSINESS OR INDUST	Flintstone, M		12. CITIZEN OF WHAT COUNTRY USA				
1	13	FATHER'S NAME		14 MOTHER'S MAIDEN NAME						
1	_		nett	Sarah Ime						
		WAS DECEASED EVER IN U. S. ARMED FORCES? 1(5, no or unknown) [If yes, give wor or dates of service) 10	1.	Curtis Nash,	Flintstone	, Maryland				
		18. CAUSE OF DEATH [Enter only one couse per.	line for (a), (b), and (c).]	1.1	2 41 27	INTERVAL BETWEEN				
		PART I, DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (0) C-CUCULDE WILL THE WILL THE CAUSE (0) C-CUCULDE WILL THE WILL THE WILL THE WILL THE WILL THE WIL								
		Conditions, if any, which) (b)	and ar	tents	9-4004					
		gave rise to immediate cause (a), stating the under-lying cause lost. DUE TO ARILLIA ACLERTO,								
)	FICATION	PAIT II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO				
	CERT	20g ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or P	art II of item 18.}					
	MEDICAL	Hour a.m. While	e Nat while facto	CE OF INJURY (Home, form, 20f (Cary, street, affice bldg., etc.)	ily ar lawn)	(County) (State)				
	₹	21. I certify that I attended the decea	ork at wark	10 3 % Fran	1 AA 16 C1	hat I lost saw the deceose				
		alive on forth 19	ond that deoth	occurred of M. fre	-	on the dote stated abov				
		ACTUAL SIGNATURE	celq.		(Street, city or town, state					
1				Roa	d Cumberla	nd				
		PHYSICIAN'S NAME (Type) Samuel /E. E	Enfield M.D.	Ellerslie, M						
		REMOVAL (Specify)	22c NAME OF CEMETERY OR		ATION (City, tawn or co	D -				
		Burial 1/22/59 FUNERAL DIRECTOR'S SIGNATURE	Mt. Hope Chri	Stian Com Bedfo		Pennsylvania Ar's SIGNATURE				
		John J. Hafer, Cumberl		DATE JAN 2 7		of S. Krayes				

fol director, se filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely fuled in by the page 3 should be a ched far use as the burial-transit permit. Then please remave carban papers. Pages 1 anili 2 shat the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. VS A1S (4) 15M 10/57

1



٠.		100	는	
9		cto	₹	
7		F	ed	į
ċ		100	Œ	1
Ö	ħ	ă	03	
ō	H		п	
ē		0	Ö	
ö		÷	22	
2		۵	"O	
2		=	6	
d N		ed	-	
Ē		Ē	ge	
Ë		X	2	
3		<u>=</u>	10	
ē		Q.F	ë	,
2		Ö	god	듬
×		Ď	C	ě
e e		ō	å	y
ė		5	Ö	吉
ġ		10.5	0	ď
Ė		hy	Ď	5
e e		CL.	Ē	2
_		Jin.	9	~
D		en	e	Ŧ
0		E C	٩	3
Ē		9	her	É
b		Ξ	-	2
=		þ	÷	è
ē		8	FLIT	ō
5	,	B	ď	=
P	9	6	151	ž
3	\$10	90	ō	
¥	为	22	芸	20
=	0	Ę	J. i.	Ë
-	Ē	ë	مَ	2
₹	ĕ	Fig	ŧ	ō
2	0.5	- F	8	8
-	b	ŏ	9,	Ö
Ē	6	Ę	2	9
5	ā	6) (D	ç	Ö
5	has	AFF	ed	ō
Ž	e	-	ź	200
Ĭ	Ξ	1		0
I CAPTION ON ATTENDING PATAICIAN: The taw requires that the death certificate on executed within 24 hours after disable. Toge	may be retained by the haspital or attending physician.	TO FUNERAL DIRECT. After this certificate has been signed by the ottending physician and campletely filed in by the set of director.	page 3 should be a mithed for use as the butial-transit permit. Then please remave carbon papers. Pages 1 and 2 sharms if filed with	the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death,
2	ed	50	d b	Sric
4	Ē	0	outc.	1
-	9	Z	she	Stre
2	å	岁	m	B
2	'n	5	00	1 4
5	Ě	0	0	1 h
-		ĭ		

MARYLAND	STATE I	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
----------	---------	------------	----	-------------------	----

CERTIFICATE OF DEATH

Reg. Dist. No.

)	1. PLACE OF DEATH a. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where decease on STATE MARYLAND		GANY
	b. CITY OR TOWN (If autside corporate limits, v RURAL and give nearest town) CUMBERLAND	rile c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp.	prote limits, write RURAL and g	ive nearest town)
0	d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION HOSPITAL	street address)	d. STREET ADDRESS 411 PULASKI	STREET	* IS RESIDENCE ON A FARM? YES NO X
	3 NAME OF First DECEASED (Type or print) MYRO	N Star TBE	RKLEY 4. DATE OF DEATH	Month JANUARY	Doy Year 23 1959
	MALE BUILTE	MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH JULY 16		TYEAR IF UNDER 24 HRS Days Hours Min
1	10a USUAL OCCUPATION (Give kind of wark dank during most of working life, even if retired) RET IRED	Charl Feed Len	BERLIN, PA.		ZEN OF WHAT COUNTRYS
	13. FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME		
/	LEWIS BERKLEY		SARAH HAY		
	15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no. or unnown) [16 yes, give wor or dotal of service		MORIAL HOSPITAL -	WARWICK STMEMO	RIAL AVE.
	18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Candillons, if any, which gove rise to immediate couse (a), stating the under- lying couse lost. Z PART II OTHER SIGNIFICANT CONDITI	Lerebral Forallyse Derias V	Lecer Cerebral Z Little A NOT RELATED TO THE TERMINAL DISEAS	Attorio Aller Traface SE CONDITION GIVEN IN PART	INTERVAL BETWEEN ONSET AND DEATH TO THE STATE OF THE STA
J	[CAT		D. (Enter nature of injury in Parl 1 or Pa		PERFORMED? YES NO
				·	
	A Haur a.m.	20d INJURY OCCURRED 20e, PL While Not while for it work at work	ACE OF INJURY (Home, form, 20f. (Citary, street, office bldg., etc.)	f or lawn) (Co	ounty) (State)
	21. I certify that I attended the de alive an	19—1, and that death LUCANUS ILLIAMS	MD. Cumbon	To Ff, that I lim the causes and an the litreel, city or lown, stole)	ast saw the deceased the date stated above. DATE SIGNED 1.3-54
	220. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL Specify.	22c. NAME OF CEMETERY OF PARTY ADDRESS	rusoleum Co	HON (City, town, or county)	(Store)
	John L. Hal	ADDRESS LEAK	24g. REC'D BY REGIS		NATURE Mallel



1

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
---------------------------	-------------------------

CERTIFICATE OF DEATH

Reg. Dist. No.	00009	
itution Baudages before	-00000	

1. PLACE OF DEATH O COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) STATE
RILLegany	Maryland Allegany
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Frostburg 2 Weeks	Lonaconing
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS 6 IS RESIDENCE ON A FARM?
Miners Hospital	Jackson Street YES NO B
3 NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Type or print) MARY	BERRY DEATH Jan. 21st. 195919
S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Female White WIDOWEDED DIVORCED	1/19/1872 last birthdoy Months Days Hours M.n
10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if refired) Housework Own Home	Rawlings, MD. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel De Vault	Rebecca Noel
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17	NFORMANT Address
[Yes no or unknown] [If yes, give wor or dates of service]	Tanasanian Ma
	ames Berry Lonaconing, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	"SPA" 0 - INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	Urchison 2 days
420,1 DUE TO 1.	
Conditions, if ony, which by Chucscle	usis years
couse (o), stoting the under-	1 - 26 - 1
lying couse lost. (c) Micric O	noes wil that future years
PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 192WAS AUTOPSY PERFORMED?
	YES NO X
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
Hour o. m. While Not while of work of work	ctory, street, office bldg., etc.)
	1956, to Jan. 1957 that I last saw the deceased
21. I certify that I attended the deceased fram.	-
alive on 21, 1951, and that death	accurred at 1300 pM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL PORT OF TO MOIO	Ma - of
SIGNATURE SECUL ST. I VOLLY	M.D. 11am 51. 1.23.57
PHYSICIAN'S LESLIE R. MILES UR.	Loursoning Md
220 BURIAL, CREMATION, 226 DATE THEREOF 22c NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, fown, or county) (Stote)
Burial 1/25/1959 Oak Hill C	emetery Lonaconing, MD.
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D 8Y REGISTRAR 246 REGISTRAR'S SIGNATURE
GEORGE ETCHHORN LONACONIN	IG. MD. DATEJAN 26'59 Crimin & Thank



I

B

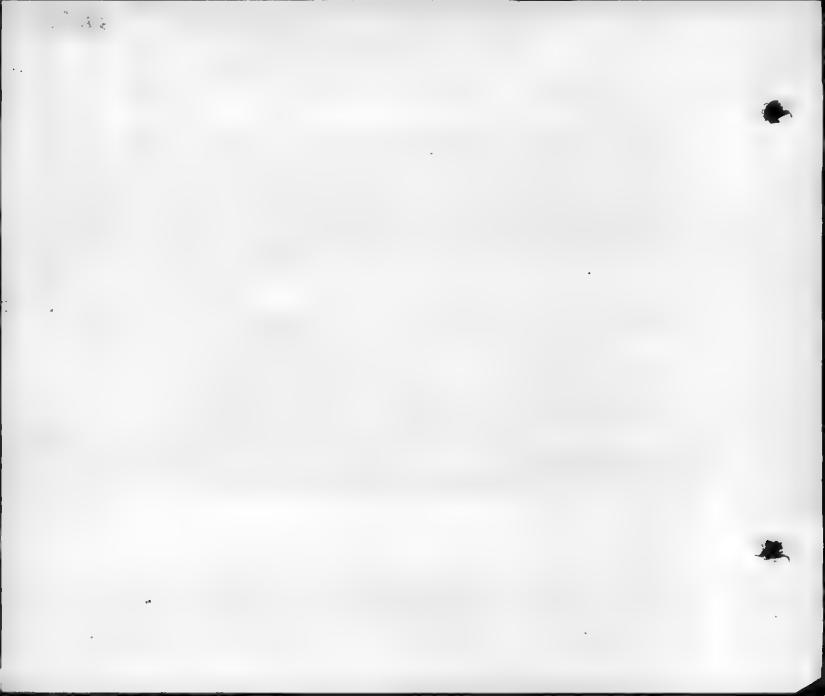
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

vecin

88 CERTIFICATE OF DEATH

Rea.	Dist.	No.

1. PLACE OF DEATH 0 COUNTY	Alleany	MARYLAND		NCE (Where dec		If institution Resider	ce before ad	
b. CITY OR TOWN (I RURAL and give no	f outside corporate limits, write corest town) CITATE	c. LENGTH OF STAY IN 16		WN (If outside o		s, write RURAL and	give negrest t	lown)
d name of hosp t or institution	AL (If not in hospital, give street	oddress)	d. STREET ADI	PRESS			0	RESIDENCE N A FARM?
3 NAME OF DECEASED (Type or print)	JOHN First	Middle HENRY	BOLT, G	ER 4. DA		Month Jan.	5 g	Year 19 59
s. sex male	White widow		8. DATE OF BIRTH	+. 188	I man de la la	(In years IF UNDER	Days Hou	NDER 24 HRS
during most of work Retired	ON (Give kind of work done 10b. ing life, even if retired) MINET	Coal mines		E (Stote or foreign			U.S.A	HAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME				
George	Bolinger			Anna F	elcho	n		
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. H	NFORMANT			Address		
The second second	2	14-01-6689	Mrs. An	na Boli	inger.	, Frostb	urg,	Md. Rt
Conditions, if or gove rise to it cause (o), storing lying couse lost. PART II OTH	DUE TO LER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	not related to ti	Dais DE TERMINAL DIS	EASE CONDIT	TION GIVEN IN PAR	7 1(o) 19 W. PEI	AS AUTOPSY RFORMED?
IIF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 20d II While	NJURY OCCURRED NJURY OCCURRED NOI while to or work	CE OF INJURY (Ho lory, street, office b	ne, form, 20f	Port II of iter		Eounly)	(Stote)
21. I certify the clive on	John b.	ed from 7197. and that death Auris, Davis, H. D.		Adores	ram the co (Street, city Idway,	auses and an thor town, stote)		
200. BURIAL, CREMATION REMOVAL Specify)	1-8-1959	22c. NAME OF CEMETERY OF Sunset Mello				y, town, or county) berland.	-	itote)
23. FUNERAL DIRECTOR'S		atourg, Md.		O. REC'D BY REG		4b. REGISTRAR'S SIC	SNATURE	

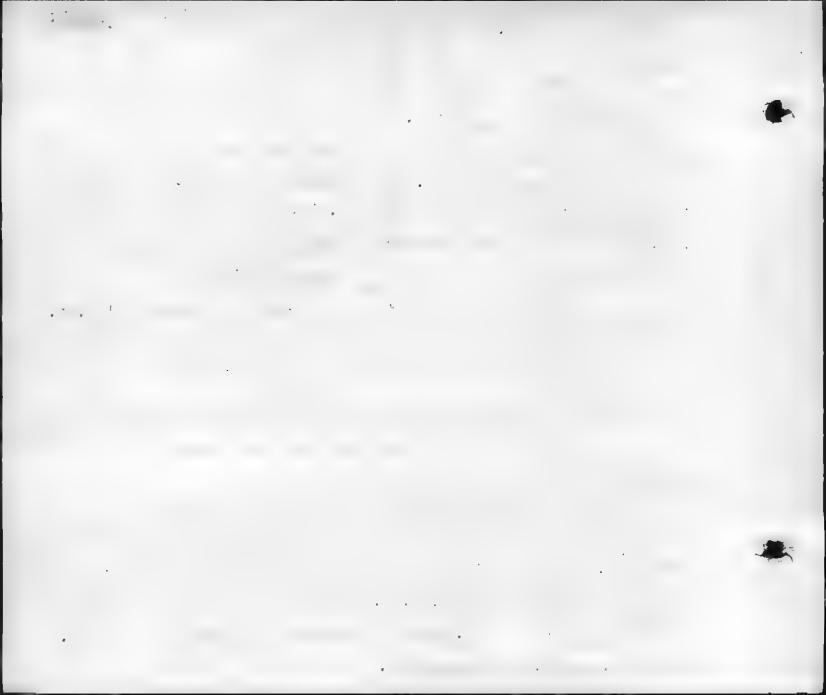


ARYLAND S	TATE DEPARTMENT OF HEALTH—BALTIMORE,	18
cotem	1 Fig. 92]8 2-2-99 et	
60	CERTIFICATE OF DEATH	

CERTIFICATE OF DEATH

Peg. Dist. No.

							Kel	A. DIST. 140.	
PLACE OF DEATH	423		MARYLAND	2 USUAL RES		nere deceased lived	b. COUNTY .		
	Allegany			1		yland		llegar	
B. CITY OR TOWN	(If outside corporate limits nearest town)	, write	c. LENGTH OF STAY IN 16	CITY OR	TOWN (If a	outside corporate li	mits, write RURAL	and give neare	est town)
Fros	tburg		18 vrs.	0.5	Fro	stburg			
d NAME OF HOSP OR INSTITUTION	TAL (If not in hospital, gir	re street o	@ddress}	d. STREET	ADDRESS			e	IS RESIDENCE ON A FARM?
48 Bruad		ome)			48 B	roadway			YES NO
3 NAME OF DECEASED	Furst		Middle	lo	ef	4. DATE OF	Month	Day	Yeor
(Type or print)	Ann	ia	M.	Brun	er		anuary	26th	1. 19 59
5. SEX			IED NEVER MARRIED	8 DATE OF BIRT	Н	9 AC	E (In years IFU		F UNDER 24 HRS
Female	White	WIDOWE	D DIVORCED	Sept. 9	th.1	871 "	Chiefhdoy) Moi	nths Doys	Hours Min
Oa. USUAL OCCUPAT	ION (Give kind of work do	one 10b.	KIND OF BUSINESS OR INDU					2 CITIZEN OF	WHAT COUNTRY
during most of wo	rking life, aven if refired)		wn houseworl		ryla		·	USA	
Houseke	e ber	0	MIT HOUSEWOLD	14. MOTHER'S				ODE	1
Jose	ph Bruner			Ma	rgar	et Kirb	y		
	ER IN U S ARMED FORC		SOCIAL SECURITY NO 17	INFORMANT			Address		
(Yes, no, or unknown)	(If yes, give war or dates of ser	vice)	1/11	ss Ella	Bru	ner 48	Broadwa	v.Ftb	o.M€.
18 CAUSE OF DE	ATH [Enter only one cou	se per lin	e for (a), (b), and (c).)	/		4			VAL BETWEEN
	ATH WAS CAUSED BY.		Granic H	rand	1-71	ilun	1	ONSE	AND DEATH
	IMMEDIATE CAUSE (o). DUE TO		1	4	, , ,				-
		(na	Nimma aus	las Ks	MAL	Azais	and	13	Kan
Conditions, if	immediate (CVL	10.002)0	-		0-0-			1-
couse (a), stating									
lying couse lost	(0)-								
PART II. OT	HER SIGNIFICANT COND	illons <u>C</u>	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE CON	IDITION GIVEN IN	J PART 1(a) 19	WAS AUTOPSY PERFORMED?
5								\	YES NO DE
OR CONTRIBUTION	AS UNDERLYING 1 2 G 1 CAUSE OF DEATH Y MEDICAL EXAMINER)	Ob. DESC	CRIBE HOW INJURY OCCURRE	D. (Enter noture o	of injury in I	Port I or Part II of	item 18.)		
20c. TIME OF INJU Hour o.m.	RY Month, Day, Year	20d. IN	IJURY OCCURRED 20e. PI	ACE OF INJURY	Home, form	20f. (City or lo	wn)	(County)	(Stote)
Hour o.m.	19	While	Not while fo	ctory, street, offic	e bidg , etc	3		(,,	(,
	hat I attended the a		0.0.25	ار کور	1. 9.	Lucier 2	1,00(9)		v the decease
1	7 3	16.	9//	17.3.9					
alive on		., 19	and that death	accurred at					stated above
ACTUAL SIGNATURE T	Ida ton	20	velon	MD 48 B1	roadw	ADDRESS (Street, o	etburg		./28/59
	, 1		,						
PHYSICIAN'S NAME [Type]	Hylda Jan	e_Wa	elters, M. D			* ***			
20 BURIAL, CREMAT (ON, 226. DATE THEREOF		22c. NAME OF CEMETERY C	R CREMATORY		22d. LOCATION (City, town, or cou	only)	(Stote)
Burial	1-29-59)	St.Michael	s Ceme	terv	Frost	burg.		Md.
3 FUNERAL DIRECTO	S'S SIGNATURE		ADDRESS			D BY REGISTRAR	24b REGISTRAR	'S SIGNATURE	
Joseph	R. Duret	Tr.	nethung Md		DATELOR	1 2 9 150	1711-	04	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 12 FilmG238 1-30-59 et CERTIFICATE OF DEATH

-	89				R	eg. Dist. N	0.
1	D. PLACE OF DEATH O COUNTY		2. USUAL RESID	ENCE (Where deceo	sed lived. If institutions	Residence be	fore admission)
	Allegany	MARYLAND	o. STATE	vland	P. COUNTA	~~~~	
	b CITY OR TOWN (If outside corporate limits, write c. LENGTH O	F STAY IN 16			porote limits, write RUR	Rany	rearest fown)
	RURAL and give nearest town)		/ Westerland				
H	d. NAME OF HOSPITAL (If not in hospital, give street address)	-	A STREET A	表音技术 POPESO	Woodland		e IS RESIDENCE
ı	OR INSTITUTION		/ "Rura	TRoute	Frostbui	rg	ON A FARM?
Ŀ	Braddock Road						YES NO 💽
1	3. NAME OF First DECEASED	Middle	Losi	4. DATE	Month	(Day Year
	(Tours of the Control	DUNN	BUSK		H 1/21/10	959	19
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER	MARRIED [B DATE OF BIRTH				AR IF UNDER 24 HRS
A	Female White WIDOWED Ck DI	VORCED [10/22/	7000	lost birthday) M	lonths Days	Hours Min
/ [i	IOg. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSH	NESS OR INDU	STRY 11. BIRTHPL	ACE (State or foreign		12 CITIZEN	OF WHAT COUNTRY
	during most of working life, even if retired)					U.S.	
,	Housework Own Home			MAIDEN NAME	Scotland	0.0.	A.
T.	of France		14. MOTHER 3	WYIDEN HAWE			
	Nathaniel Dunn			<u>net Nei</u>			
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI	TY NO 17. I	NFORMANT		Address		
L	None None	F.	RANK BU	SKTRK.	KLONDYKE	. MD.	
F	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), a	ind (c).]	0			IIN	TERVAL BETWEEN
Т	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Quite	xPin.	Til here.	T dire	C-A	ON	NSET AND DEATH
Т	DUE TO				-		you
Т	2 2	1 .	1-	0 1			711
Т	Conditions, if ony, which gove rise to immediate (b)	rac o	ruon	lu m	·		Lyces
Т	couse (o), stating the under-	-					
1.	lying couse lost.) (c)						
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISE	ISE CONDITION GIVEN	IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
							YES NO
	206 ACCIDENT WAS UNDERLYING TO ACCIDENT WAS UNDERLYING TO DEATH OF CAUSE OF DEATH OF CONTRIBUTIONS OF CAUSE OF DEATH OF CONTRIBUTIONS OF CONTR	URY OCCURRE	D (Enter nature of	injury in Part I or P	ort II of item 18.)		
	(IF EITHER, NOTIFY MEDICAL EXAMINER)						
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR	ED 20e. PL	ACE OF INJURY IF	lome, form, 20f. (C	ty or town)	(County	y) (Slate)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR Hour c. m. While Nat while of work of wark	n for	clory, street, office	bldg., etc.)			
1		1 - 3 -		-	71		
L	21. I certify that I attended the deceased fram	1-3-		, to	4/ 1939,1	not I last	sow the decease
Ł	alive an 19_3/, and	that death	accurred 6t.	230 M, fre	om the causes and	an the d	ate stated above
ı	8 11 2		_	ADDRESS	Street, city or Jown, stat	le)	DATE SIGNE
ı	SIGNATURE & Show	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	M.D. 3	GKEE	VE()		9-23-5
ı	PHYSICIAN'S 1 FINE R 2 1 K	111		1	1 1	/	11 ,
ı	NAME (Type) LEWIS 13/1	10-5		Luc	nhuco	al f	nd
2	120 BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME O	F CEMETERY OF	R CREMATORY	22d LOC	ATION (City, town, or o	ounty)	(State)
	REMOVAL (Specify)					th office	farorej
2	1/24/1959 Burial Memor	rial P	ark	24o, REC'D BY REGI	STRAR 246, REGISTRA	MI)	IDF
1							
	GEORGE ETCHHORN TON	ACONT NO	C MOS I	DANERI O 6 TEO	Carling	P 44	i



ξ

7 CERTIFICATE OF DEATH

al director,

m

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 🦑

may be retained by the haspital or attending physician.

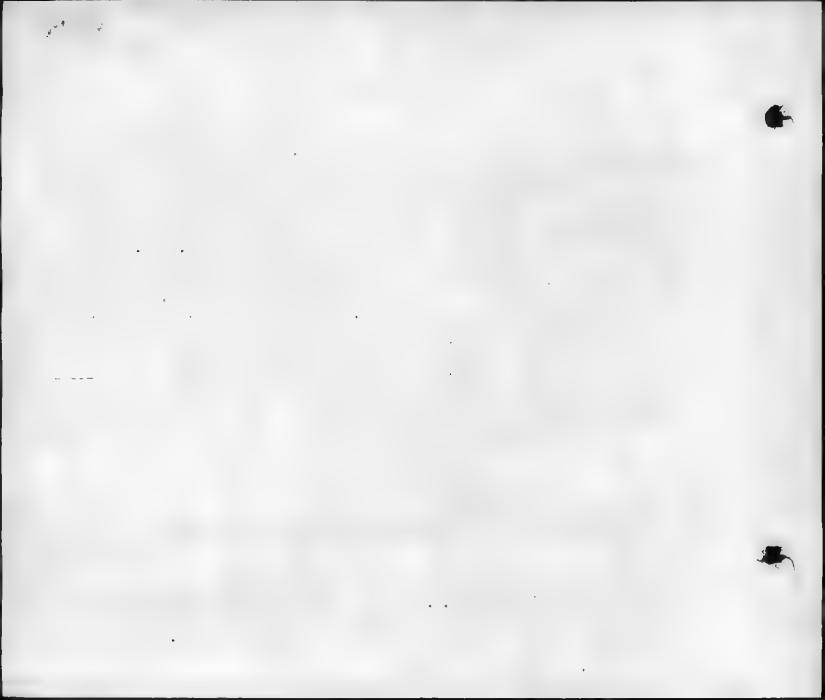
TO FUNERAL DIRECT A After this certificate has been signed by the attending physician and completely fifted in by the page 3 shauld be a cache far use as the burial-transit memit. Then please remave carbon papers. Pages 1 and 2 shather egistrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

V\$ A15 (4) 15M 10/57 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY A L	LEGANY	MARYLAND	2. USUAL RESIDENCE (WO. STATE MARYL	here deceased lived. If in b. COL		
b CITY OR TOWN (I RURAL and give no	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corparate limits, w	rite RURAL and give	e nearest lown)
CUMBE!		9 DAYS	FROST	TBURG		
d NAME OF HOSPIT OR INSTITUTION	MEMBRITATE" HOSP	PITAL	d STREET ADDRESS	E. MAIN ST.		e is residence on a farm? YES NO
3 NAME OF DECEASED (Type or print)	ROSE	Middle E. ↓	CARPENTER	4. DATE OF DEATH	Month NUARY	Doy Year 22 19 59
5 SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE Iln y	ears IF UNDER 1 Y	FEAR IF UNDER 24 HRS
FEMALE	==	VED DIVORCED	SEPTEMBER A	27. lost birtho	yrs. Months Do	ays Hours Min
10a. USUAL OCCUPATION during most of world Housewill 13. FATHER'S NAME	ON (Give kind of work done 10 tips life, even if retired)	kind of Business or Ind	USTRY 11 BIRTHPLACE (STORE	RGINIA	1	S. A.
			14 MOTHER'S MAIDEN			
	N HAINES		NANCY OR	75.11		
(Yes, no. or unknown)	R IN U. S. ARMED FORCES? 1 [If yes, give wor or dofes of service]	17-30-1585	MEMORIAL H	OSPITAL - CU	MBERLAND,	, MD.
Conditions, if o gove rise to it couse (o), stating lying couse lost. Part II. OTH	mmediate Dus TO	Mesterns of CONTRIBUTING TO DEATH BE		INAL DISEASE CONDITION	LILEGIA	PERFORMED?
OR CONTRIBUTING	S UNDERLYING 20b DE CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Part II of item 18	1.)	YES NO Z
20c. TIME OF INJUR Hour o. m. p. m	Whit		PLACE OF INJURY (Home, for octory, street, office bldg, etc.)	n, 20f. (City or town)	(Cou	enty) (State)
alive on 2	at l attended the deced 2 f m. 19 1. Celfred Va		M., 1959, to h accurred at 12:2 M.D. 12		es and on the	
PHYSICIAN'S NAME (Type) 220. BURIAL CREMATIO	DR. W. A. VAT	ORMER 22c. NAME OF CEMETERY	OR CREMATORY	22d LOCATION (City, to	ding	1/2
Buria I	1-25-59	F'bg.Memo	rial Park	Frostbu	rg,	(Stote) Md.
23. FUNERAL DIRECTOR		ADDRESS			REGISTRAR'S SIGN	
Joseph .	R. Durst, Fr	ostburg, Md.	DATEJA	N 2 6 '59	Talung & the	race



1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
R STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
LTH DEPT.	2. USUAL RESIDENCE (Where deceased lived if institution- Residence before admission) o. COUNTY
爱 [4]	Allegany Maryland Allegany
Ŧ	b. CITY OR TOWN (If outside corporate 1 mits, write RURAL and give nearest fown) ond give nearest fewn)
Į.	Cumberland DOA Cumberland
200	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. S. RES, DFN ON A FARM ON A FARM
0 £	Sacred Heart Hospital Rt. 1, Valley Road YES NOW
ž o	OF OFFICE OF STATE OF
of e	5. SEX 6 COLOR OR RACE 7 MARRIED 1 NEVER MARRIED 18 DATE OF BIRTH 19. AGE 10 700% [IF UNDER LYEAR] IF UNDER 24 HRS
5 /	Male White WIDOWED DIVORCED June 14,1878 80 yrs Months Days Hours Min
1 2	10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired)
	Retired Farmer Purcell, Bedford Co., Pa. USA
3. · · · ·	13. FATHER'S NAME
ven	John Cavender, (Deceased) Amy Smith (Deceased)
. A.	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Rt. 1, Valley Road
E 'E	no Mrs. Walter Northcraft, Cumberland, Maryland 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]
buc	PART I. DEATH WAS CAUSED BY
ol, c	Coronary Occlusion Sudden
NO.	Conditions, if any, which) by Coronary Sclerosis
2	gave rise to immediate cause (DUE TO), stating the underlying (DUE TO
r.	couse lost. (c)
andtotte %	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT
riof, cr	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBCTING TO DEATH 6CT NOT RETAILED TO THE TEXMINATEDISEASE CONDITION GIVEN IN PART 1(a) 13. WAS ACTOPSY PERFORMED? YES NO PRIMARY DO OF CONTRIBUTING DO CONTRIBUTING DO CAUSE OF DEATH. 206. EXTERNAL CAUSE WAS PRIMARY DO OF CONTRIBUTING DO CAUSE OF DEATH.
01 10	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f (City or town) (County) (State) Hour o. m. While Not while of work of work of work 19 19 19 19 19 19 19 1
20.5	21 I certify that I took charge of the remains described above, held an Autopsy [], Inspection [X]. Inquiry [X], and in my
ti e	opinion death resulted from: Natural couses 🔼 Accident 🔲 Suicide 🔲 Homicide 🔲 Undetermined manner
ofed og	ACTUAL Benedict Skitarchied M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
ngis ngis	ASSISTANT MEDICAL EXAMINER
0	EXAMINER'S Benedict Skitarelic, M.D. DEPUTY MEDICAL EXAMINER 1 January 5, 1959
i n	270. BLRIAL CREMATION. 27b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
в	urial 1/8/59 Fairview Christian Cem. Artemas, Pa. 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 7240, REC'D BY REGISTRAR 7240, REC'D BY REGISTRAR'S SIGNATURE
	John J/ Hafer, Cumberland, Maryland DATAN 7 '59 - A & Manua
7	Unit



TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECT R. After this certificate has been sugned by the attending physician and completely fulled in by the page 3 should be exactly for use as the burial-transit permit. Then please remaye carbon pages 1 and 2 should be filed with the registrar prior to burial, cremation, an remayal, and in any event within 72 haurs often death.

VS A15 (4) 15M 10/57

I

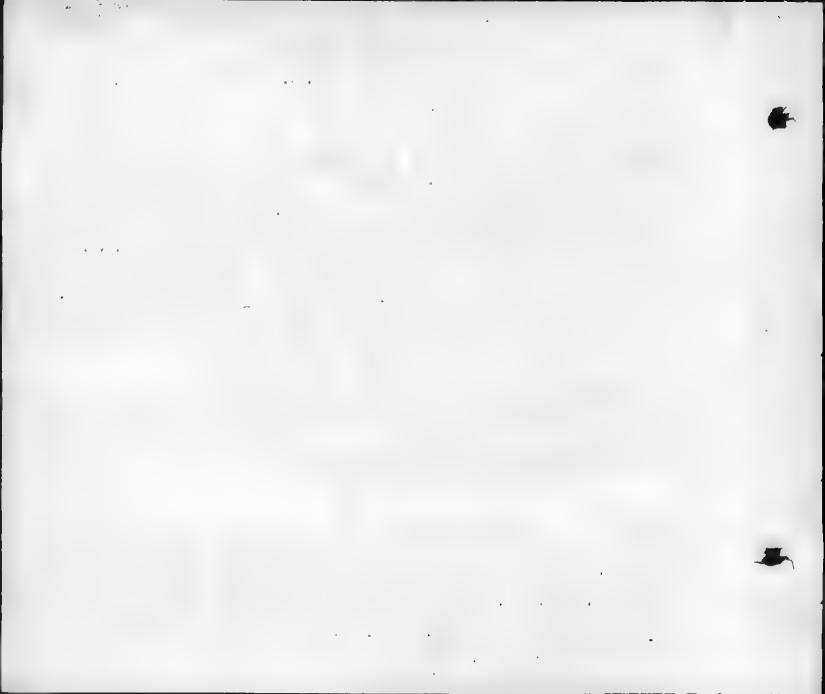
2

MARYLAND STATE DEPARTMENT (OF HEALTH—BALTIMORE, 1	8 1
-----------------------------	------------------------	-----

00015

_	APPRILLA		
9	CERTIFIC	AIL OI	· DEATH

GERTIFICATE OF DEATH Reg. Dist. N	lo						
1. PLACE OF DEATH a. COUNTY ALLEGANY 2. USUAL RESIDENCE (Where deceased lived. If institution Residence be o STATE W.VA. b. COUNTY Miner.	_						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give recognitions) CUMBERLAND CUMBERLA							
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL	e. IS RESIDENCE ON A FARM? YES NO						
(Type or print) MARGARET B. CHANEY DEATH JANUARY	Doy Yeor 15 1959						
FEMALE WHITE WIDOWED DIVORCED NOVEMBER 6, 1913 45 Vrs Manths Doys	AR IF UNDER 24 HRS Hours Min.						
HOUSEWIFE Own Home FROSTBURG, MARYLAND U.S	OF WHAT COUNTRY						
13. FATHER'S MAIDEN NAME LEVI WILSON AGNES Winebrenner							
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT WARWICK AND MEMORIAL HOSPITAL - CUMBERLAND, MARY	L AVE.						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	ITERVAL BETWEEN NSET AND DEATH 72 NW						
Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse fast. DUE TO DUE TO (b) Due To	IWA?						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	19 WAS ALTOPSY PERFORMED? YES NO						
	v) (State)						
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. While Not while of work of	y) (3/0/e)						
21. I certify that I attended the deceased from 1.14, 1959, to 1-15, 1959, that I last saw the deceased alive an 1-15, 1959, and that death occurred at 5:03 AM, from the causes and an the date stated abave. ADDRESS (Street, city or town, stote) DATE SIGNATURE M.D. ALH I M. Cullu St.							
PHYSICIAN'S DR. WILLIAM P. IAMES Cumful and	hacl						
220. BURIAL CREMATION, REMOVAL (Specify) Burial 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Prostburg Park 22d LOCATION (City, Town, or county) Frostburg, Maryland	(State)						
John J. Hafer, Cumberland, Maryland 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNAT DATE JAN 1 9 '59 Chilling 9							



FOR STATE
HEALTH DEPT.

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00016

											Reg. Dist. N	0.	
1,	PLACE OF DEATH	legany		MAI	RYLAND						n Residence be Bedfor		ssion)
	b. CITY OR TOWN It outside corporate him is write RURAL of LENGTH OF STAY IN 1b LITER'SLIE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)						c. CITY OR TOWN (If outside corporate lim'ts, write RURAL and give nearest town) Londonderry Township						
							d. STREET ADDRESS Hyndman RD#1					A FARM?	
3	NAME OF DECEASED (Type or print)	5	Lost		4. DATE OF DEATH	J	Month an. 2	2,195	9	fear			
	sex lale	White	7 MARRIED WIDOWED			an.31		4	9 AGE (In four births		UNDER TYEAR	Hauri	ER 24 HFS Min.
10	a USUAL OCCUPATIOn during most of working	ON (Give kind of work on the life, even it retired)	tone 10b. Ki								12. CITIZEN C	F WHAT	COUNTRY
13	Railway B. FATHER'S NAME	Carman		Railro		Hyno 4. MOTHER'S		RD 1	.Pa.	ж.	l USA		
1!	Wesley Clites 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. BNI (For. no. or uninnown) (17 yes. que wor or doles al service)						erine	e Wit		Address			
	No	(If yes, give wor or dates of	4	05-10-72	287 N	rs.Am	nie 1	M_Cl	ites	, Hy		Pa	RD#1
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Asphyxiation ONSET AND DEATH 10 min.						AT16						
	Conditions, if any, which to Hanging gave rise to immediate course												
	(c), stating the underlying DUE TO												
CELIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE YERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum_{10} \) NO \(\sum_{10} \)												
		JSE WAS NTRIBUTING []	b DESCRIBE	HOW INJURY OCCU	JRRED (Ent	er noture of inj	uzy in Fort	I or Part fi	of item 18				
MEDICAL	20c. TIME OF INJUI Hour G. m. p. m.	RY Month, Doy, Yeo	7 20d. IN White at worl	Nat while	20e PLACE factory	OF INJURY (H , street, affice	lome, farm bldg., etc.)	, 20f. (City	y or fown)	w+0-w+0-	(County)	v2 m2+48-	(Stote)
		nat I took chorge resulted from: 1					-86	lomicide	nspection		Inquiry X	_	d in my
	ACTUAL SIGNATURE	Benedic	+ St	tareli	1	M D. CHIEF M	EDICAL EX	AMINER []		nge jejin	med monn	DATE S	IGNED
	EXAMINER'S NAME (Type)	Senedict S	Skitar	relic, M	.D.			XAMINER (Jan.	23, 1	959	
22	BURIAL CREMATIO	Jan, 26,	1	Porter (TERY OR CO			Hynd	TION (City.	rown, or e	RD#1	(Stote	•1
23	FUNERAL DIRECTOR	S STENATORE .	//	ADDRESS				BY REGIST			AR'S SIGNATU	_	
A	/ WILLANTON I	13. 6 81 110	, Hvn	duan.Pa.			DATEIAN	1 2 7 '5'	9	Catho	2 8 Harris	A	

EXECUTY MINICAL MAMINER. This mertificate should in mercuted within 21 hours after death. If any delay is nece execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direction of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in prive event within 72 hours after death. VS A15ME 5M 2 57



FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If only deloy is necessary, please secure the certifice, writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page a should be farm, red to the Chief Medical Examiner's Office along with farm PM3. Page I may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Stote Boord or Health, are its designated agent. Bring to burial, are removal, and in any event within 72 hours ofter death.

1		1	九
2		1	
Ö	for	000	
9	D.	ă	
2	ž.	Ö	ecth.
2	9	S	P
o the fund	é	he	ē
0	×	£	Ö
2	H	2 with the St	272
000	1000 41	27	2
evi.	58	6	2
r	n.	-	Ê
365	ith form P.M3. Poge	ges	K
90	0	Ô.	Ê
Đ.	ĮĮ.	e p	š
Ö	4	it. File	È
ec.	g with	벁	0
-	Ę,	ern	70
9	101	O.	8
anding" in pencil in Item, 18. Give Pages 1, 2, and 3 to the	☑ Office o	burial-transit permit.	movel, and in any ever
75	1	-	TO.
e D	O	ē	ě
E	ě	9	or re
1	Pig.	nould be used as a l	Ĕ.
. 20	ZOZ	6	ofic
Pus	SLI THE	Sed	E E
ord "pen	Aedicol Eza	Đ	5
9	ed.	مّ	0
3	4	3	5
9	差	she	0
D.	, es	n	20
riting the word	÷	950	ž
Ē	2	PDR: Page	2
e)	3	õ	gen
2		Š	Ö
The last	50	RE	fed
0	ē	0	92
ţ.	20	××	200
0	SUL,	9	0
ect	sho	3	-
₩.	4	0	or its designate
		giota.	
. A	35#	ME 7	
1971	-/ 2	,	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIM	ORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEA	ATH

0	T.	n	Ŧ	7
0	48	10	1	a

		N			Keg.	DIST. NO		
	PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased I ved. It institution Residence before admission)				
	. COUNTY	TO ME	MARYLAND	o STATE b COUNTY				
	b CITY OR TOWN	(If outside corporate fimils, write RURA)	C LENGTH OF STAY IN 16	Maryland CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	and give reared to	we)				na grie recorder territy		
		erslie		X Ellers	slie	T		
	d NAME OF HOSP	TTAL OR INSTITUTION (If not in	n hospital, give street address)	,d. STREET ADDRESS		ON A PARMS		
		TWANTED VIEW TOTAL			9	YES NO		
	3. NAME OF DECEASED	First	Middle	Lost	4 DATE Month	Day Year		
	(Type or print)	Anna	B. Con	nor	OF DEATH TO TO	9 1959		
	5. SEX	6 COLOR OR RACE 7. MA		DATE OF BIRTH	9 AGE (In yours IF UNDE	R TYEAR IF UNDER 24 HRS		
		wino			fout birthday) Months	Days Hours Min		
	Female		WE WIND OF BUSINESS OF INDUST	Nov.17,1892	66 yn			
	during most of worl	king life, even if retired)	06 KIND OF BUSINESS OR INDUST			TIZEN OF WHAT COUNTRY?		
	Hous	sewife		Ellersl	lie Md.	USA		
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			
	Emmano	el Lowery		Samah	n Witt_			
	15. WAS DECEASED E	YER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17 IN	FORMANT	Address	With additions and all the second sec		
	[Yee, no, or unknown]	(If you, give wor or dates of service)	Nama Ca	anca Tastar	- Connon Ellon	13 - 163		
	no	ATH Enter only one couse per		orge meader	r Conner, Ellers	T		
		ATH WAS CAUSED BY	line for (o), (o), ond (c)			ONSET AND DEATH		
4	I I I I	IMMEDIATE CAUSE (6)	Coronary Occ	lusion		Sudden		
	1420.1	DUE TO						
	Conditions, if		Coronary Sol	erosis				
	gave situ la imm	ediote couse (-		
	(a), stating the	(c)						
	Z PART II. O	**************************************	S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMS	NALD SEASE CONDITION GIVEN IN PA	PT TINE TO WAS AUTOPSY		
ę	PART II, O					PERFORMED?		
	D SYTERNAL C	ATTE WAS 201 DEC	CAIRE HOLD IN THE OCCUPANT OF	-1 1 1		YES NO		
	20g. EXTERNAL C. PRIMARY () or C. CAUSE OF DEATH	ONTRIBUTING (CRIBE HOW INJURY OCCURRED (E	nter noture of injury in Fort	For Port It of item 18)			
	~]		- 4					
	20c. TIME OF INJ		Od. INJURY OCCURRED 20e PLAC While Not while factor	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (Stote)		
	p. m		While Not while 1900	• • • • • • • • • • • • • • • • • • • •				
	21. I certify	that I taak charge of th	he remains described abo	ve, held an Autopsy	, Inspection K. Inqu	iry X and in my		
21. I certify that I tack charge of the remains described above, held an Autopsy, Inspection K, Inquiry								
	SIGNATURE	LENCH LLCL X	If he alle		t and			
	EXAMINER'S -	1.8 1 01.1.1	7.	ASSISTANT MEDICA				
	NAME (Type)	senedict Skit	arelic, M.D.	DEPUTY MEDICAL E	EXAMINER IX Jan. 10,	1959		
	220. BURIAL CREMAT REMOVAL (Specif	ION, 226 DATE THEREOF	22c NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City, town, or county)	(State)		
	Burial	3 30 MA	Porter Ceme	eterv	Hyndman, Pa, RD/	41		
	23. FUNERAL DIRECTO		ADDRESS		BY REGISTRAR 246 REGISTRAR'S SI	IGNATURE		
	JAMES	Perlal Trial	Hyndman, H	Pa. DATE JI	AN 1 3 '59	i, inoua		
	//_////////////////////////////	1 NI LOTT	11 y Hamail 9 1	C. DATE OF	411 1 0 00	-		



3

(1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00018

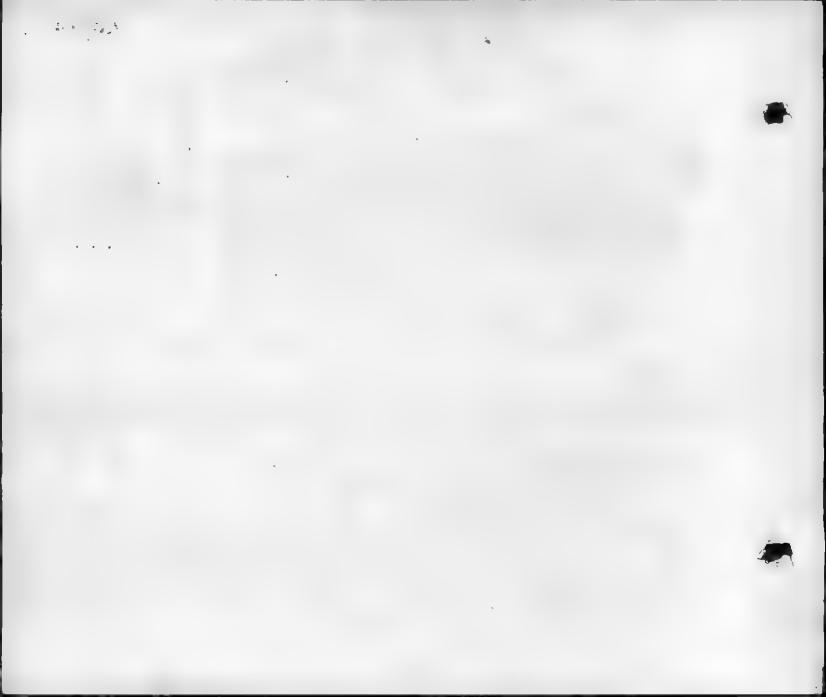
Req. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) p. COUNTY Allegany g. STATE b. COUNTY MARYLAND Allegany b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) CUmberland Cumberland d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. 15 RES DENCE OR INSTITUTION Sacred Heart Hospital YES NO P 519 Williams Street 3. NAME OF First 4. DATE Middle Month Yeor DECEASED Cosgrove Elbert 159 (Type or print) DEATH Jan. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months Days White DIVORCED [Mala WIDOWED [7] 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11

Although graph of working life year of retired) 12 CITIZEN OF WHAT COUNTRYS U.S.A. 13 FATHER NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or days of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost. PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES I NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. [City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour o.m. While Not while of work at work 21. I certify that I attended the deceased from that I last saw the deceased alive on and that death accurred at _______M, from the causes and on the date stated above. ADDRESS (Street, city,or town, state DATE SIGNED **ECTAL** SIGNATURE PHYSICIAN'S NAME (Type) Johnson Jr. 16 -Green Street -- Cumberland 270. BURIAL CREMAT ON. 22b. DATE THEREOF 22c. NAME OF SEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county REMOVAL (Specify 1) rue. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

DATEJAN 2 0 '59

Cirlmy & House

VS A15 (4)



VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11 CERTIFICATE OF DEATH

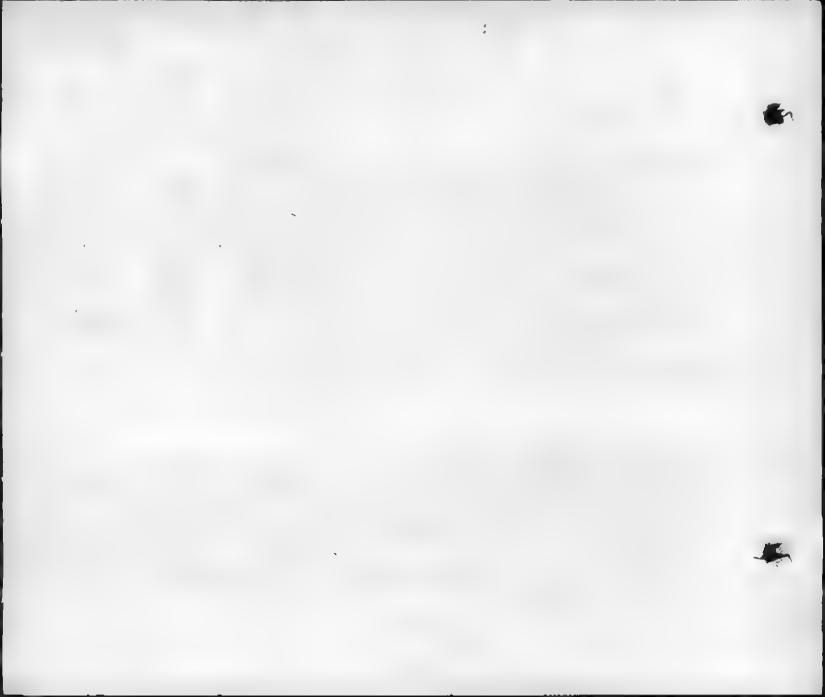
CERTIFICATE OF DEATH

Rea. Dist. No.

P1									
	PLACE OF DEATH COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARYLAND b. COUNTY ALLEGANY							
-	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN Th	MARYLAND ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
ı	RURAL and give nearest town) CUMBER LAND 25 DAYS	CUMBERLAND							
	d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION MEMORIAL HOSPITAL	d. STREET ADDRESS RT. #4 Undatown Rd. ON A FARM? YES NOT							
	NAME OF DECEASED (Type or print) Sarah MILDRED COU	USINS 4. DATE Month Day Year JANUARY 8, X 19 59							
ľ		B. DATE OF BIRTH 9 AGE (in years IF UNDER 1 YEAR) IF UNDER 24 HRS							
1	FEMALE WHITE WIDOWED DIVORCED	DEC. 11, 1000 PUTABLE VIS.							
	0a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRING MOST OF WORKING LIFE, even if retired) HOUSEWIFE 3. FATHER'S NAME	STRY 11. BIRTHPLACE (Stote or foreign country) MARYLAND Cumberland U.S.A.							
	JOHN WOODS	######################################							
	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 II	NFORMANT WARWICK & MANUEL AVE. TEMORIAL HOSPITAL - CUMBERLAND, MD.							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LL L Z D Conditions, if ony, which gave rise to immediate cause (a), staling the under-lying couse lost. (c) DUE TO DUE TO	Leigne Color 3 200							
)	5	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO							
- 1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Port I or Port II of item 18.)							
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PU While Nor while for your of work of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)							
	21. I certify that I attended the deceased from 1773 alive an 19 , and that death SIGNATURE	accurred at 4:30 AM, from the causes and an the date stated above ADDRESS (Street, city or)dwn, state) DATE SIGNEY M.O.							
	PHYSICIANTS R. J. WILLIAMS								
	20 BURIAL, CREMATION. REMOVAL Specify) Burial I-I0-59 22c NAME OF CEMETERY OF Davis Memor	rial Cem. Cumberland, Md.							
1	James F. Scarpelli Cumberiand, Md.	DATE JAN 1 3 '59 C AN 2. For all							



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. COUNTY 6. COUNTY AT LEGANY MARYLAND ALLEGANY b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LL MINS. CUMBERL AND. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION
MEMORIAL HOSPITAL 627 ELWOOD STREET YES NO [3. NAME OF DECEASED Middle 4. DATE 10 59 RARY mund COYLE JANUARY GIRL (Type or print) DEATH 6. COLOR OR RACE 9. AGE (In years last birthday) 7 MARRIED NEVER MARRIED B DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS JANUARY 25. Days FEMALE WHITTE DIVORCED [7] WIDOWED [100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) CUMBERLAND. MD. U. S. A. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME JAMES E. CDYLE MARY M KILDUFF 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address ending CUMBERLAND, MD. MEMORIAL HOSPITAL 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. buriof-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT EFFATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO 200. ACC.DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) factory, street, office bidg., etc.) Haur p. m. Nat while of work | al work | 25 Jan. 1957 that I last saw the deceased 21. I certify that I attended the deceased from 25 Jan . 19 5 7, 1a and that death accurred at 12:30PM, from the causes and on the date stated above. ACTUAL PHYSICIAN'S DR. LELAND RANSOM NAME (Type) 220. BURIAL, CREMATION, 226, DATE THEREOF 22c NAME/OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) poge 24b REGISTRAR'S SIGNATURE 24n, REC'D BY REGISTRAR VS A15 (4) Cu. my d. Firmus 15M 10/57 6028



CERTIFICATE OF DEATH

00021

	()	112 01 027	R	eg. Dist. No.					
1. PLACE OF DEATH O COUNTY ALLEGANY	MARYLAND	2 USUAL RESIDENCE (WINDOWS STATE MARYLAN	PD b COUNTY A	Residence before admission) ALLEGANY					
b CITY OR TOWN (If outside corporate limits, write RURAL and a ve nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or CUMBERL	ulside corporate limits, write RURA	AL and give nearest town)					
d. NAME OF HOSPITAL (If not in hospital, give street MEMORIAL HOSPITAL	address)	d STREET ADDRESS 901 GLE	NMORE STREET	e. IS RES DENCE ON A FARM? YES NO					
3. NAME OF DECEASED (Type or print) MARY	ELIZABETH	CRUTHERS	4. DATE Manth OF JANUAR	28 19 59					
FEMALE WHITE WIDOW	ED M DIVORCED	OCTOBER 31,	87/ Squirthday) M	UNDER 1 YEAR IF UNDER 24 HRS					
10a. USUAL OCCUPATION (Give hind of work done during most of working life, even if retired) HOUSEWIFE	KIND OF BUSINESS OR INDUS	CUMBERLAND		12. CITIZEN OF WHAT COUNTRY					
13. FATHER'S NAME STEWART	Unknown	14. MOTHER'S MAIDEN N ANN NORW							
15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. [Its. no. or unknown] [III yes, give wor or dates of service]	_	NFORMANT MEMORIAL HOSPI	WARWICK ARTER TAL - CUMBERLAN	EMBRIAL AVENUE D, MARYLAND					
1B. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	ine for (a), (b), and (c).} yocardial fail:	ure		INTERVAL BETWEEN ONSET AND DEATH 5 WK.					
Conditions, if ony, which (b)	rteriosclerotic	Heart Diseas	se .	20 yr.					
Couse (o), stoling the under DUE TO lying couse lost. Generalized visceral failure PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY									
PART II OTHER SIGNIFICANT CONDITIONS Advanced age 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRI	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED?					
	CRIBE HOW INJURY OCCURREN	D. (Enter nature of injury in P	ort I or Port II of item 18)						
A Hour o. m. While		ACE OF INJURY (Home, form, story, street, office bidg., etc.)	20f. (City or town)	(County) (State)					
21. I certify that I attended the decease alive on January 28	ed from Dec. 24.	1958 Janu	AM, from the couses and	hat I last saw the deceased I on the date stated above					
ACTUAL SIGNATURE James F. Was	cinan mix		ADDRESS (Street, city or town, stoll ford St.						
PHYSICIAN'S DR. JAMES HALI	LINAN	Cumber	land, Maryland.						
220 BURIAL CREMATION, 22b. DATE THEREOF SUNCES 1/31/59	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, towar or co	ounty) Pennec.					
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS (uml:		BY REGISTRAR 246 REGISTRA	ARS SIGNATURE					

rol director, be fyledwith may be retained by the hospital or attending physician.

TO FUNERAL DIRECT PR: After this certificate has been signed by the attending physician and campletely filled in my they page 3 should be carbon papers. Pages 1 and 2 should be carbon papers. Pages 1 and 2 should the majistrar prior to burial, cremation, or removal, and in any event within 72 houys after death.

131

I

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 10/57



Reg. Dist. No.

ALLEGANY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) RURAL and give nearest fown) CUMBERLAND CON A FARM YES NOW ON A FARM
CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND CUMBERLAND COMBERLAND COMBER
d. NAME OF HOSPITAL III not in proprioting we here address OR INSTITUTION MEMORIAL AND WARWICK AVES. I O EUCLID PLACE ON A FARM YES NO. 3 NAME OF DECEASED (Type or print) HENRY E DAVIS S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH MALE WHITE WIDOWED DIVORCED JUNE 1866, 1903 Too. USUAL OCCUPATION (Give kind of work dame) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) MOTE 1. COLOR OF WHAT COUNTRY 11 BIRTHPLACE (State or fareign country) WORKER WORKER 1. O EUCLID PLACE ON A FARM YES NO. ON A FARM YES N
3 NAME OF DECEASED (Type or print) HENRY E DAVIS DAVIS OF DEATH JANUARY 9 19 S. SEX 6. COLOR OR RACE WHITE WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work dane) 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or fareign country) Mortal Worker HONG 1. DATE Month Doy Year PEAR IF UNDER 14 HONGER 14 HONGER 24 HONGER 1903 Months Doys Hours Mindle Lost DAVIS DATE OF BEATH JANUARY 9. AGE (In yeors) If UNDER 14 HONGER 24 HONG
(Type or print) HENRY E DAVIS DEATH JANUARY 9 19 S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 18 DATE OF BIRTH MALE WHITE WIDOWED DIVORCED JUNE 566, 1903 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Mortal Worker HENRY E DAVIS PAGE (In years IF UNDER 176AR) F UNDER 24 H Months Doys Hours Mit 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Worker Worker HENRY E DAVIS PAGE (In years IF UNDER 176AR) F UNDER 176AR IF UNDER 24 H Months Doys Hours Mit U.S.A.
S. SEX 6. COLOR OR RACE 7 MARRIED MEVER MARRIED 8 DATE OF BIRTH JUNE 100. USUAL OCCUPATION (Give kind of work done) 100. USUAL OCCUPATION (Give kind of work done) 100. USUAL OCCUPATION (Five kind of work done) 100. USUAL OCCUPATION (Five kind of work done) 100. USUAL OCCUPATION (Give kind of work done) 100. USUAL OCCUPATION (Five kind of work done) 100. USUAL OCCUPATION (Five kind of work done) 100. USUAL OCCUPATION (Give kind of work done) 100.
MALE WHITE WIDOWED DIVORCED JUNE 566, 1903 of birthday) Months Doys Hours Mile 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) Motel Worker Kelly-Springfield CUMBERLAND MARYLAND U.S.A.
Motel Worker Kelly-Springfield CUMBERLAND MARYLAND U.S.A.
Motel Worker Kelly-Springfield CUMBERLAND MARYLAND U.S.A.
3. FATHER'S NAME Tire Company 14. MOTHER'S MAIDEN NAME
WILLIAM F. DAVIS REBECCA PROFIT
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address
(Yes No or unknown) If yes, give wor or dotes of service) MEMORIAL HOSPITAL CUMBERLAND MARKLAND
18. CAUSE OF DEATH [Enter only one cause per tipe for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ONSET AND DEATH A T T T T T T T T T T T T T T T T T T
TOWN DUE TO
Conditions, if ony, which) (b) The tracks of Conditions, if ony, which)
gave rise to immediate couse (o), stating the under DUE TO
lying couse last
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES NO
200 ACCIDENT WAS UNDERLYING CORE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (Ste
Hour a.m. 19 Ol work of our or
21. I certify that attended the deceased from 1/4/57, 19, to 1/5/2, 19, that I last saw the decen
alive an
ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) DATE SIGNATURE
PHYSICIAN'S R. Williams M.D. 122 So. Centre St, Cumberland, maryland
220 BURIAL CREMATION, 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 224 DOCATION ICAN TOWN TO SERVICE AND ADDRESS OF THE PROPERTY OF THE
Burial 1/13/59 Zion Mem. park Cumberland, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John J. Hafer, Cumberland, Maryland DATE AN 15'59 Com and Street

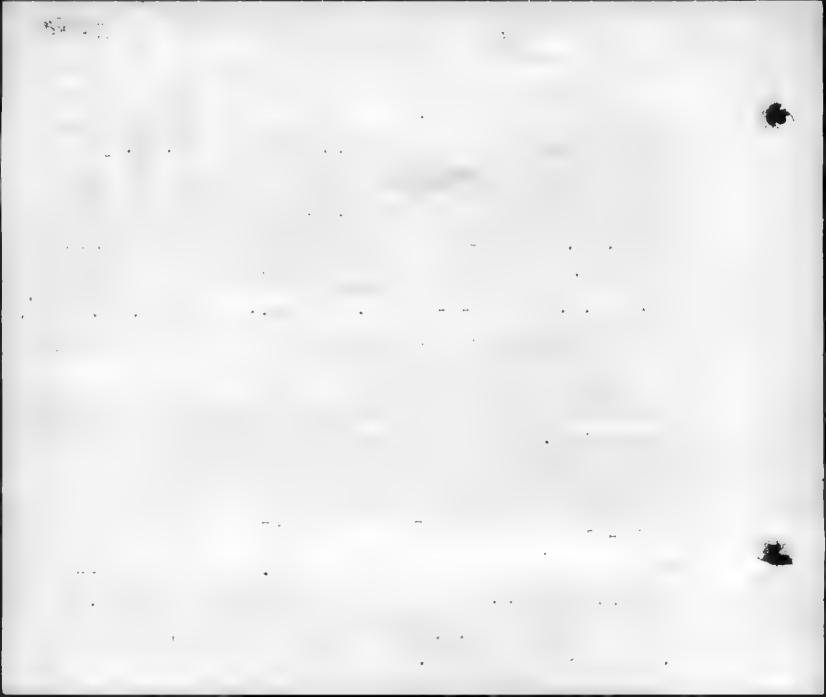
TO HOSPITAL OR ATTENDING PHYSICIAN: The law VS A15 (4) 15M 10/S7



	18 () (Reg. Dist. No.	0023								
1 PLACE OF DEATH o. COUNTY All	egany	MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE Maryland b. COUNTY Allegany							
b City or fown (RURAL and give n Clamberla		e. LENGTH OF STAY IN 1b	The state of the s							
OR NSTITUTION	TAL (If not in hospital, give art Hospital		/d STREET ADDRESS P.O. Box 1	43 266 Nat.		IS RES DENCE ON A FARM? YES NO N				
3. NAME OF DECEASED (Type or print)	First Robe	Middle ort Aloysius	Davis	4. DATE Mo OF DEATH Ja	nuary 2,	1959				
5. SEX Male	6. COLOR OR RACE 7 White w	MARRIED NEVER MARRIED	Oct. 11,1896	9. AGE (In years last birthday) 02 yrs	Months Days	Hours Min				
100. USUAL OCCUPATION during most of work Roofing Co	king life, even if retired)	106 KIND OF BUSINESS OR INDU			12. CITIZEN OF	WHAT COUNTRY				
13. FATHER'S NAME	ard Davis		14 MOTHER'S MAIDEN N Margaret	AME Cordial	· i	4				
15 WAS DECEASED EVE	R IN U. S. ARMED FORCES	(e)	nformant rs. Margaret 1		Nat. Hwy.	Md. Ea Vale				
TO CAUSE OF DEA	ATM Feature asks and rouge	ner line for (a) (b) and (c) 1			LINETER	VAL BETWEEN				

ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic Heart Disease vear DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), sloting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) MEDICAL CERT FICATION PERFORMED? 11 Cholelithiasis. Chronic duodenal ulcer YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg , etc.) Day, Year 20d. INJURY OCCURRED Not while (County) (Stote) ol work of work 21. I certify that I attended the deceased from 10 + 8 152 ... that I last saw the deceased 59___, and that death accurred at 12:30AM, from the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE 4.62 Greene St. PHYSICIAN'S NAME (Type) R.W. Ballin, M.D. 62 Green Street Cumberland, Md. 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (Stote) REMOVAL (Specify)
Burlal 1/5/59 S. S. Peter & Paul's Cumberland. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE H. Wayne George Cumberland, Md. DATE H 6

VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57 I

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18

16 CERTIFICATE OF DEATH

00024

										Reg. Dist.	No.		
)	1, PLACE OF DEATH a COUNTY	ALLEGANY		MARY	LAND	2 USUAL RESI		IRGINIA	A constitution of the contract	an Residence I	before adm	ission)	
	b. CITY OR TOWN (IF	outside corporate limi	ts, write	LENGTH OF STAY	IN 1b	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)							
	RURAL and give ne CUMBER1			I DAY		K		·					
	d NAME OF HOSPITA	Liff not in hospital, a	175 A'(5°) 96	idress)		d. STREET ADDRESS e IS R							
	WARWICK	& MEMORTAL	AVES	AL.		R	OUTE	#2				A FARM?	
	3. NAME OF DECEASED	Fil		Middle		Los	t	4. DATE OF	Mon	th	Day	Year	
	(Type or print)	BAB'		GIRL		DOL	LY_	DEATH	JANUA	IRY	18	19 59	
	5. SEX	6 COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D [X	8. DATE OF BIRTI	Н	9	AGE (In years lost birthday)	Months Do	-		
	FEMALE	WHITE	WIDOWED	DIVORCED		JANUARY	17,	1959	yes	Months Op	ys Haur	Min	
	100 USUAL OCCUPATIO	N (Give kind of work on his life, even if relired	dane 10b. Kl	ND OF BUSINESS OF	RINDUS	TRY 11 BIRTHPL	ACE (State	ar fareign coun	lry)	12 CITIZE	N OF WHA	T COUNTRY	
	and the state of t	ng me, even il temed				CUME	ERLAN	D. MD.		U.	S. A		
	13. FATHER'S NAME					14. MOTHER'S							
V	ROBERT L	DOLLY				ELE	ANOR	M. MILL	FR				
	15 WAS DECEASED EVER			CIAL SECURITY NO	17. 18	NFORMANT			Add	Tess			
	tres, no, or bearown)	F yes, give war or dates of s	ervice)		M	MEMORIAL HOSPITAL - CUMBERLAND, MD.							
		TH [Enter anily one co	use per line	for (a), (b), and (c)]	7	phonon	1 1	_	7 /		NTERVAL		
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o	1 (Thelen	c. Ki	als	120	R. E	e vil	(ONSET AN	D DEATH	
	7541	DUE TO				-		*	applied: v				
1	Conditions, if an	y, which) (b	?	Pro C.			<i>y</i> _	1 , 4	/4 .				
	gove rise to in	mediate	2001	1				3 (70 0	X C C				
	cause (a), slating t lying cause last,	(c		1 (0	C4	mich							
	PART II. OTH	ER SIGNIFICANT CON		NTRIBUTING TO DEA	TH' BUT	NOT RELATED TO	THETERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART 16	19 WAS	AUTOPSY	
ł	PANY II. OTH											ORMED?	
	200. ACCIDENT WAS	UNDERLYING 🖸	20b. DESCR	IBE HOW INJURY OF	CURRED). (Enter nature o	f injury in P	ort I or Part II	of item 18.)		1,63	7 40 []	
		CAUSE OF DEATH MEDICAL EXAMINER)				•			·				
	20c. TIME OF INJURY	Month, Day, Yes			20e. PLA	CE OF INJURY (I	Home, form,	20f (City or	tawn)	(Cour	nty}	(State)	
	Haur o.m.	19	While at work	Not while	TUIC	iory, sireer, gritce	e blag., etc.;	1					
1	21. I certify the	at I attended the	decensed	from 12	1)	رِيَّةِ 19 <u>مِيْةً (</u>	to	11/2	10 (That I last	constant	- de nome o d	
1	alive an /	(). ~	19 5	/ /		accurred at		DM Seem 1		/			
1				7.	açamı	accorred ac	+2743	ADDRESS (Stree	t, city or town,	stotel		rea abave PATE SIGNED	
	ACTUAL	14151	76	115-27)A	и D	h. alsk anle (EE) agen vage, even war av				~~~~~		
	PHYSICIAN'S NAME (Type) D	R. W. F. W	HITWOR	TH									
	220. BURIAL, CREMATION REMOVAL (Specify)	276 DATE THEREO	F	22c NAME OF CEME	TERY OF	CREMATORY	9	22d. LOCATIO	City, lown, o	or county)	(510	ole)	
Į	Cremation	11-17-5	9	MEmous	[]	expetit		Cum	ellend	1 m au	y lan	d	
	23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				BY REGISTRAL	24b. REGIS	TRAR'S SIGNA	TURE		
							DATEJAN	21 '59	- Con	ing & the	aich		
-		,	6										

A a

,

• * •

ь

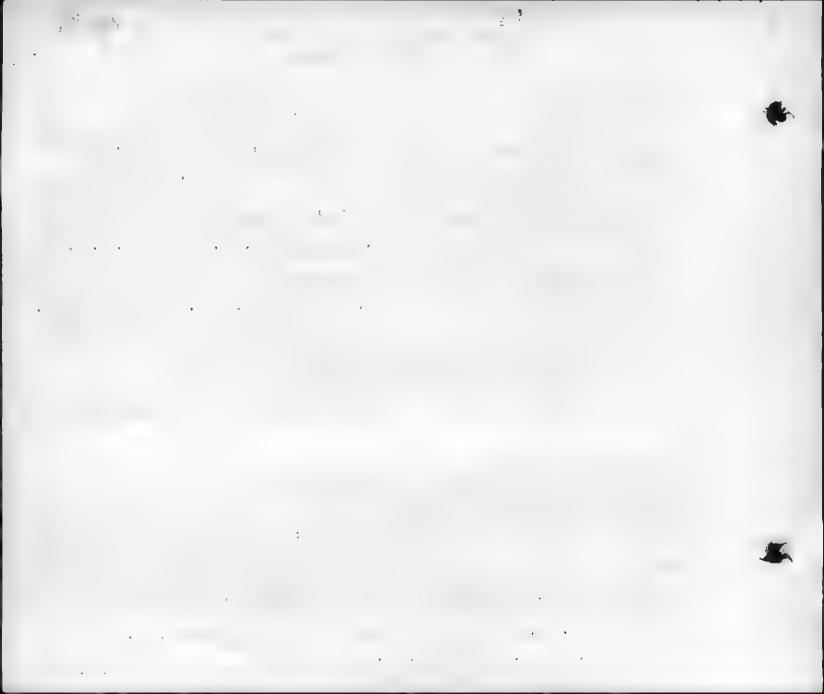
VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reo. Dist. No.

1. PLACE OF DEATH o. COUNTY Alle	gany		MARYLI	AND	a STATE	ence (wh		b COUNTY			mission)
	If autside carparate limi earest_lown)	its, write	c. LENGTH OF STAY IN	116	c. CITY OR TO	O HIJ MWC	utside corpo	rote limits, write R			townj
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g) oddress)		/d STREET AD	DRESS	Cumbe:			1 0	RESIDENCE N A FARM?
	rial Hospi				Meador	7 Dri	ve, Cı	cesap Par	ck Rt	5 YES	NO N
3. NAME OF DECEASED (Type or print)	Frank		Middle Howard		Duckwa	orth	4. DATE OF DEATH	Jan.	th	Doy 15	Year 1959
s sex Male	White	7. MARRI	D DIVORCED	_	DATE OF BIRTH			9. AGE (In years last birthday)		YEAR IF U	NDER 24 HRS urs Min
10a, USUAL OCCUPATION			لبنا		Aug. 7.			78 yn	12 CITU	EN OF WI	HAT COUNTRY
Laborer	king life, even if retired		kind of Business or ounty Road		Bloc	mine	ton. 1		П	S	Λ.
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME -				
	Duckworth			T	Mary	Yonk	er				
	R IN U. S. ARMED FOR (If yes, give wer or dates of s	CES7 16. 5	SOCIAL SECURITY NO.		FORMANT			Add	ress		
VO				Mı	rs. Frank	Duc	kworm	1 Rt. 5	Cumbe	erlan	d, Md.
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which)	Ce	erebral Embe			Q				ONSET A	L SETWEEN ND DEATH
gave tise to i cause (a), stating	gave fise to immediate cause (a), stating the under- lying cause last.										
	HER SIGNIFICANT CON	DITIONS O	ONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO	THE TERAL	NAI DISEASI	CONDITION GIV	CALINI BART	1(a) 19 W	V29OTILA 2A
CATI	Uremia								CH HALART	PE	REORMED?
OR CONTRIBUTING	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER]	20b DESC	TRIBE HOW INJURY OCC	URRED	. (Enler nature af	injury in F	Part I ar Part	II of item 18.)			
20c. TIME OF INJUR Haur o. m. p. m.	Y Manth, Day, Ye	While	JURY OCCURRED 21 Not white of work	Oe. PLA fact	CE OF INJURY (H ary, street, office	ome, farm bldg., etc.	20f (Cily	or lawn)	(Co	iunly)	(State)
21. I certify the alive on	January 15	decease	ed from Januar	leath	accurred at_	8:30	P.M., from ADDRESS (SI	15 , 19 5 the causes of reel, city or town, ig Street	and on the	st sow to date st	he decease lated above DATE SIGNEI
PRYSICIAN'S NAME (Type)			oson, M.D.			Cumb	erla no	l, Maryla	und _		
220, BURIAL, CREMATIO REMOVAL (Specify)	Jan. 18.		22c NAME OF CEMET			1-	_	TON (City, town,		(State)
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS umberland,				AN REGIST	RAR 246 REGI	STRAR'S SIGN		



TO HOSPITAL OR

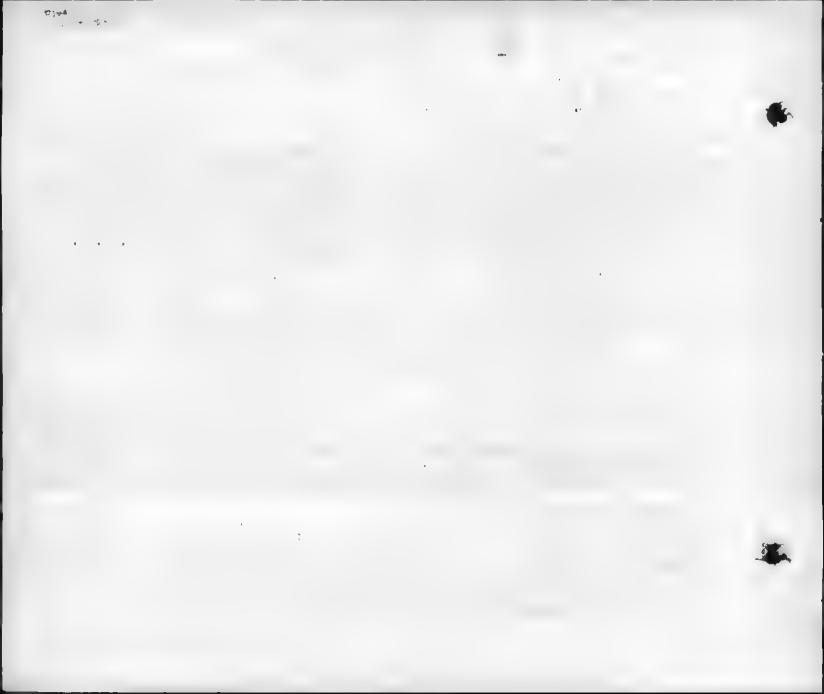
VS A1S (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No.

U E									Kugs wist.	
1	a. COUNTY	ALLEGANY		MARYLANG	II O STATE	ESIDENCE (WI		ed. If institution b. COUNTY	on Residence	before admission)
ľ	b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 18	c CITY (OR TOWN (IF	outside corporate	Umits, write RI	URAL and aiv	re negrest lown)
1	RURAL and give	CUMBERLAND		4 DAYS			ERLAND			
ı		HEMOR I'A'L'"HO	WESTER'S		d. STREE	T ADDRESS	- DECIGE			e IS RESIDENCE
	MEMORIAL	AND WARWIC	K AVE	NUES		155 5	SOUTH L	BERTY	STREET	ON A FARM? YES NOX
	3 NAME OF DECEASED	Fir	şt	Middle		Lost	4. DATE	Mon	th	Doy Year
	(Type or print)	ES	THER	Ε	EAR	SOM	OF DEATH	JA	NUARY	19 19 59
	5. SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRIED	B. DATE OF B		9	AGE (In years last in algebray)		YEAR IF UNDER 24 HRS
L	FEMALE	WHITE	WIDOWI	DIVORCED [FEBRUA	RY 15,	1891	lost bighdoy) yrs.	Manths D	ays Haurs Min
	10a. USUAL OCCUPAT	ION (Give kind of work in retired)	done 10b.	KIND OF BUSINESS OR INI			or foreign count	ry)	12. CITIZI	EN OF WHAT COUNTRY
	Vense		'	Home	. M	ARYLANI	0		U.	S. A.
	13. FATHER'S NAME	-		7	14, MOTHE	R'S MAIDEN N	NAME			
		LOUIS BORC	HERT			CATH	ERINE DE	RYER		
ľ	15. WAS DECEASEDEV	ER IN U. S. ARMED FOR	CE\$7 16.	SOCIAL SECURITY NO. 17	INFORMANT			Addi	ress	
	no	Di Jat, Ges was at name of s	12	17-28-2425	MEMORIAL	HOSP1	TAL	CUMBI	ERLAND	MARYLAND
	1	ATH [Enter only one co	use persir	ne for (a), (b), and (c).]	1.77			,	1	INTERVAL BETWEEN ONSET AND DEATH
1	PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	Verner	11/12	The war		6. 1-	,-	16.6.
-	260 X	DUE TO	1	17 -17	/	7 7- /				3"
-	Conditions, if			est et	1 11	1111	· tes			3 -
-	gave rise to									
	lying couse lost	(c								
	PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERM	INAL DISEASE CO	ONDITION GIV	EN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
1	3			No.						YES NO Z
1	☐ I OR CONTRIBUTING	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	TRIBE HOW INJURY OCCUR	RED (Enter natur	e of injury in i	Part 1 or Part II	of item 18.)		
		RY Manth, Day, Yes	ne 204 III	NJURY OCCURRED 20e.	PLACE OF INJUR	Y /M f	504 (51)			
1	20c TIME OF INJU	— — 19	While	Not while	factory, street, of	fice bldg., etc	.) 207 City or	Town	(Cor	unty) (State)
1	₹ p. m.	\ y	of work	t at work	7 -		1/	1		
1	21. I certify t	hat I attended the	decease	ed fram	157, 19.	ia	112/	5 19	.,that I la:	st saw the deceases
ı	alive an	f-12-1-2-7-	, 19	,, and that dea	th accurred	לל:4	M, from t	ne causes a	nd on the	date stated above
-	4.679141	D 1-11	//	•	/		ADDRESS (Stree)	city or town,	ptote)	DATE/SIGNES
	ACTUAL SIGNATURE	1666	661	11-11-7	_M D	-7	want in the firm	5-3- E.		[]/>>/
4	PHYSICIAN'S NAME (Type)								/	
-	220. BURNAL, CREMATIC	DN, 225. DATE THEREO	F	22 NAME OF CEMETERY	OR CREMATORY		22d LOCATION	V (Crty town o	rs county) _	(State)
	PLANOVAL (Specify	1/22/	59	Kose kle	If Car		(1 cen	derl	and	mo
	FUNERA DIRECTO	S SIGNATURE		ADDRESS		-	D BY REGISTRAR	24b. REGIS	TRAR'S SIGN	
	Mario.	Stem I	nc	Cuml	ma	DATETAN	2 6 '59	C.T.	THE 8 H	in M



VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
69	CERTIFICATE OF DEATH	

00027

-										teg, ulst, Ne	*
	COUNTY	Allegany		MARY	LAND		Maryl	ere deceased lived	. If institution b COUNTY	Residence before Alleg	
b		If outside corporate limits, s	write	c. LENGTH OF STAY	IN 1b	€ CITY OR	TOWN (If o	iulside corporate li	nils, write RUR	AL and give ner	arest lown)
	RURAL and give n	stburg		7 hrs.		N	Frost	burg. H	Rt. 2		
-	OR INSTITUTION	TAL (If not in hospital, give		ddress)		d STREET A	Hope				e. IS RESIDENCE ON A FARM2
			'AT					7			YES NO
1 0	NAME OF DECEASED Type or print)	Marcus		Ambrose		zenbak		4. DATE OF DEATH	Jan.	22	
5 S	EX	6. COLOR OR RACE 7	MARRIE	ED 🔲 NEVER MARRI	ED 🔲	DATE OF BIRT				UNDER I YEAR	
	male	,	IDOWED			Feb. 8	, 187)+ yrs. (Months Doys	Hours Min
-	etired 1	ON (Give kind of work don king life, even if retired) Armer		own farm	R INDUS		ACE (Stole aryla	_			S. A.
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME			
	Manu	iel Fazenba	ker				Eliza	abeth Bi	coadwa	ter	
	WAS DECEASED EVE	ER IN U. S. ARMED FORCES (If yes, give war or dates of servic		OCIAL SECURITY NO		FORMANT			Address		
				none	F1	orence	Faze	enbaker	Fros	tburg,	Rt. 2
	18. CAUSE OF DE	ATH [Enter only one couse	per line	for (p). (b). and (c)] `	~ ^	0	000	~~	INT	EPVAL BETWEEN
Ш	PART : DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Carde	ac	, take	kur	e-145	ide	- ON:	SET AND DEATH
	4	DUE TO						,	_ / _ ^		1/
	Conditions, if a		Cly	Cense	cla	vo-te-	, >	Jeon/ 6	tuse,	220	400
Ш	gave rise to i									0	
	lying couse last.	(c)									
CATION	PART II. OT	HER SIGNIFICANT CONDITI	IONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE CON	DITION GIVEN	IN PART 1(0)	P. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] 200 G [] CAUSE OF DEATH MEDICAL EXAMINER]	DESCI	RIBE HOW INJURY O	CCURRED	. (Enter nature a	f injury in 1	Port I or Part II of	item 18]		
N.				JURY OCCURRED	20e. PLA	CE OF INJURY	Home, form	, 20f. (City or Io	vn)	(County)	(Stole)
MEDICA	Hour a.m		While of work	Not while	faci	lary, street, office	a bloig , etc.	2			
		nat I attended the de		d from	. 0	1954	100	12 17 77	10 50		aw the decease
	alive on	したしても	19.5	AND I	کسکانی پیاک خانج دام		12:00				
	dive on	7	/		uearn	occurred at	A-Ch Sage	ADDRESS (Street, c	Causes and	s on the oa	te stated abav
Н	ACTUAL	x12 16 B1	K	Maria	,		_	roadway	.,,	,	WATE STORE
	SIGNATURE	1/1/19				A.D		Cauway			
	PHYSICIAN'S NAME (Type)		<u>avi</u>	is, M. D.			Fı	rostbur	g, Md.		
220	BURIAL, CREMAT C			22c. NAME OF CEM				22d. LOCATION (**	(State)
B	urial Specify		9		on C	emeter	У	Garı	rett C	ounty,	Md.
23, 1	FUNERAL DIRECTOR			ADDRESS				D BY REGISTRAR		AR'S SIGNATUL	
•	J. R. Di	urst, Fro	วรนเ	ourg, Md.			DATE JA	N 2 6 '59	1 20	must L. This	ara



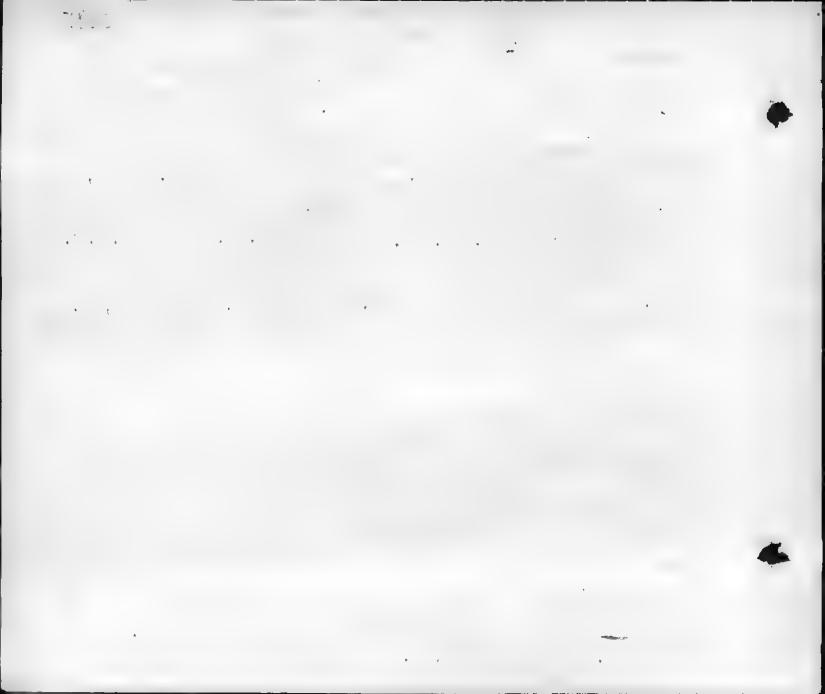
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00020

			9.5	CERT	IFIC.	ATE OF E	DEATH	l		Reg. D	ist. No.	D.A.O.
1,	PLACE OF DEATH a. COUNTY	Allegany		MAI	YLAND	II ~ CTATE	DENCE (Whe		l lived. If instit b. COUN		ence before d	
	RT. # 4 C		ts, write	c. LENGTH OF STA	Y IN 15		TOWN (If ou		rote limits, write 1and	RURAL ond	give neares	t fown)
	d. NAME OF HOSPITA OR INSTITUTION MEXICO F	AL (If not in hospital, g ATM 5	jive street	oddress)		/d. STREET A	ico Fa	ıms				IS RESIDENCE ON A FARM? (ES NO A
3.	NAME OF DECEASED (Type or print)	Fid Delv		Midd	-	Gai:		4. DATE OF DEATH	Ja	onth	Day 12.	Yeor 19 59
5.	Male	6 COLOR OR RACE White	7 MAR WIDOW	RIED NEVER MARI		8. DATE OF BIRT			9. AGE (In year last birthday) Months		UNDER 24 HRS
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer B. & O. Rwy. 11. BIRTHPLACE (Stote or foreign country) Phillippi, W. Va. U. S. A. 13. FATHER'S NAME												
1.3.		Cainan										
George Gainer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wrs. Lena Gainer Rt. #4 Cumberland											and M	.1
CERTIFICATION	162.1 Conditions, if an gave rise to im couse (a), stating It lying couse lost.	he under DUE TO (c) ER SIGNIFICANT CON) DITIONS	CONTRIBUTING TO D	EATH BUT		THE TERMIN		CONDITION C	GIVEN IN PA		WAS AUTOPSY PERFORMED?
MEDICAL CER	(IF EITHER, NOTIFY A 20c. TIME OF INJURY Haur o.m. p. m	MEDICAL EXAMINER)	or 20d I While of war	NJURY OCCURRED Not while	20e. PL	ACE OF INJURY (ctory, street, office	Home, form, a bldg., etc.)	20f. (City	or town)		(County)	(State)
	21. I certify the alive an	H. Cherton.	decease 12, 12	seeme le	death level	accurred at	A	Mg Lni	the causes	and on	last saw the date	the deceased stated above DATE SIGNED
220	BURIAL CREMATION REMOVAL (Specify) Burial	1/14/59)F	22c NAME OF CEA	AETERY O	al Buria		22d. LOCAT	ion (City town			(Stote)
23.	FUNERAL DIRECTOR'S Charles I	SIGNATURE	Cumb	ADDRESS perland, No			24a. REC'D	BY REGISTI	RAR 245 RE	GISTRAR S S		

DATE AN 1 5 '59

TO FUNERAL DIRECTOR PAGE 3 should be the registrar prior re VS A15 (4) 15M 10/57

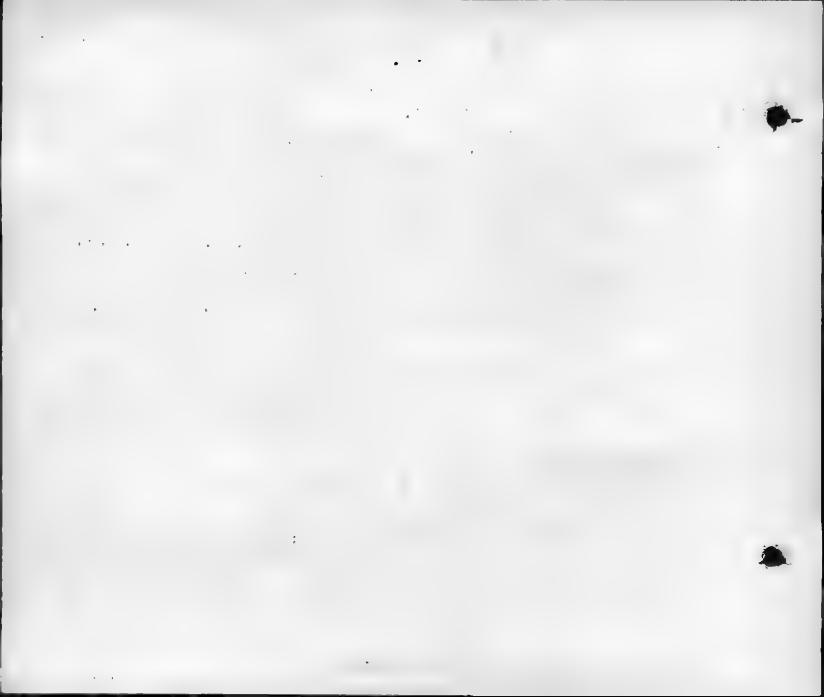


0 VS A15 (4) 15M 10/57

Yeor

19

U. S. A. INTERVAL BETWEEN ONSET AND DEATH PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (State) Lithot I last saw the deceased 50M, from the causes and an the date stated above. DATE SIGNED 220. BURIAL CREMATION. 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d_LOCATION (City fown, or county) (Stole) REMOVAL (Specify) 23 FLINERAL-DIRECTOR'S SIGNATURE **ADDRESS** 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 20 Rea. Dist. No PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND Maryland Allegany Allegany b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cumberland two davs 0 % Chumberland d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 62 Decatur Street Sacred Heart Hospital 3. NAME OF First 4. DATE Middle Month DECEASED OF (Type or print) DEATH Godlove Gregory 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months DIVORCED [7] WIDOWED [Mala Two yes 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) Maryland ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME g physicion remove cork Ivan Godlove Emily Warmler IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO 17. INFORMANT Address. (If yes, give war or dates of service) 18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gned gave rise to immediate DUE TO ē couse (a), stoling the undernuriol-transit p lying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 0 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Haur a. m. While Not white of work al wark p. m. 19.5 9that I last saw the deceased 21. I certify that I attended the deceased fram. alive on and that death occurred at M, fram the causes and an the date stated above 9 ADDRESS (Street, city or town, state) ACTUAL SIGNATURE DIR Id b PHYSICIAN'S FUNERAL NAME (Type) Elizabeth Brings 55 Greene Street Cumberland S 220 BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City lown, or county) REMOVAL (Specify) the Burial 1-25-1959 Vale Summit Methodist Vale Summit 0 23-FUNERAL DIRECTOR'S SIGNATURE THA REPRESS Funeral Home 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

Frostburg. Md.

DATE JAN 2 9 150

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

Nan

WAS AUTOPSY PERFORMED?

YES NO T

(State)

DATE SIGNED

(Stote)

Days

U.S.A

(County)

A PERSON

ON A FARM? YES NO

Year

1959

after VS A15 (4) 15M 10/57



DATE JAN 1 4 159

		Per Jil,						Reg. Dist.	No.	
1. PLACE OF DEATH	477.00000			2	USUAL RESIDENCE	(Where decease	ed lived. If instituti		before adm	ussion)
	Allegan		MARYL	AND	Maı	ryland	b. COUNTY	Alle	gany	
b. CITY OR TOWN RURAL and give r	(If outside corporate limi nearest lawn)	ts, write	c. LENGTH OF STAY II	N Ib	c. CITY OR TOWN	(If autside corp	orate limits, write R	URAL and giv	re nearest to	wn}
Cun	nberland		8/19/58		. Cur	nberlar	nd			
OR INSTITUTION	TAL (If not in haspital, s				d. STREET ADDRES				e IS R	TES DENCE
All	egany Cou	nty	Infirmary		92	Kent	Avenue			□ NO [
3. NAME OF DECEASED	Fin		Middle		Last	4. DATE OF	Mor	ith	Day	Year
(Type or print)		deri			owland	DEATH	Januar		11,	19 5
5 SEX			IED NEVER MARRIED		ATE OF BIRTH	21	9 AGE (in years lost birthday)		YEAR IF UNI	
Male	White	WIDOWE	the same of the sa	100	2/19/188		74 yrs			
T anting most of wo	rking life, even it retired		KIND OF BUSINESS OR	INDUSTRY					EN OF WHA	
200000	- B&O		achinist				n,Englar	ral L	J. S.	Α.
13. FATHER'S NAME	. 7.0 3. 27		ilroad		4 MOTHER'S MAID					
	Alfred H.			1			neringto			
IANY UP DECEMBER EA	ER IN U.S. ARMED FOR (If yes, give war or dates of t		SOCIAL SECURITY NO.	17, INFO		Box 59		""Cumb		_
No					legany (county	Infirms	iry Re	cord	8
	ATH [Enter only one co ATH WAS CAUSED BY-	use per lin	ne for (o), (b), and (c)]	5,	2 1 A	1 6		1:	INTERVAL ONSET AN	
1	IMMEDIATE CAUSE (KIRCE	146	careca	1 D.C.	JUGULA	Mean	7	
4 de does		/	1. 6. 6	1	1-	. (./	1		,	
Conditions, if a	immediate (ezeneral	11	MILLER	7CLEY	C210,			
couse (o), stating lying cause last.	the under DUE TO	(-	Leonie	x 1,	rostar	tetro	,		?	
PART II. OT	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE T	ERMINAL DISEA	SE CONDITION GIV	EN IN PART I		S AUTOPSY FORMED?
3	tilere	tera	& Hel	cer	reagh	•			YES [
OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20Ь. DESC	CRIBE HOW INJURY OC	CURRED (E	nter nature of injur	y in Port I or Pa	rt II of item 18.}			
20c. TIME OF INJU	RY Month, Day, Ye			On PLACE	OF INJURY (Home,	form, 20f. (Cit	y or town)	[Co.	unly)	(Stote
Hour o.m.	19	While of work	Not while at work	TOCIOTY	, street, affice bldg.	, erc.)				
21. I certify ti	hat I attended the	decease	ed from 8/19	/58	. 19 . ta	1/11/	59 19	that I la	st saw the	e deceas
alive an 1/	10/59	. 19		¥			m the causes of			
7			1 ~ 6				Street, city or lown,			DATE SIGN
ACTUAL SIGNATURE	accels	2.	2 Lea	U M.D.	49	Green	ne Stree	e t	1/1	2/59
PHYSICIAN'S NAME (Type)	Dr. James	E	McLean		Cı	mberl	and, Md.	•		
220 BURIAL, CREMATIC REMOVAL (Specify BUT1al		F	22c. NAME OF CEMET Hillcre				nberland		(51)	lote)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			REC'D BY REGIS	TRAR 246 REGI	KTPAP'S SIGNI	ATURE .	
James F.	Scarpell	1 Cu	mberland,	Md.	0.470		1EQ C	Intlant 2.	That	

aral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the haspital ar altending physician.

TO FUNERAL DIRE

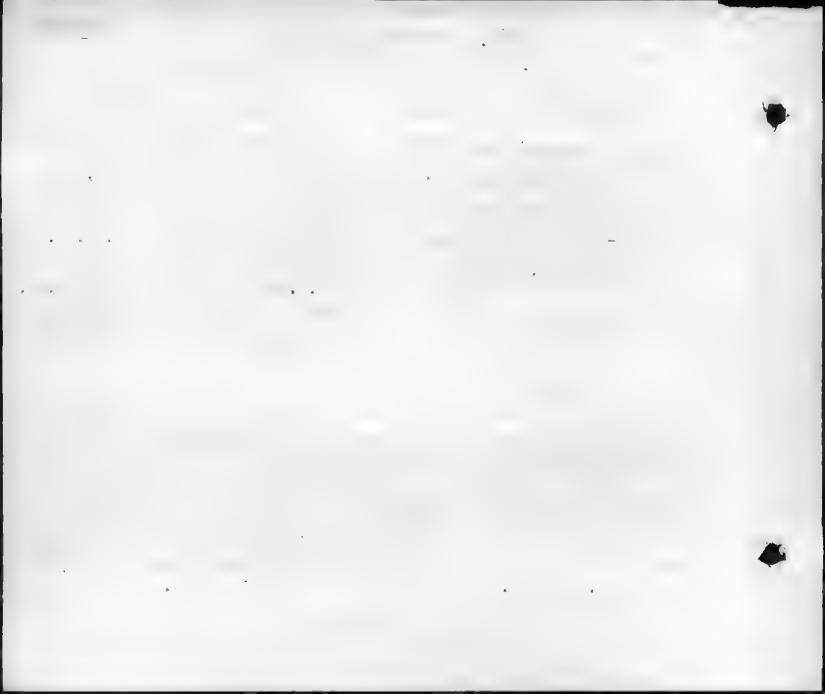
TO FUNERAL DIRE

TO FUNERAL DIRE

TO FUNERAL DIRE

TO SUN A STATE OF THE S

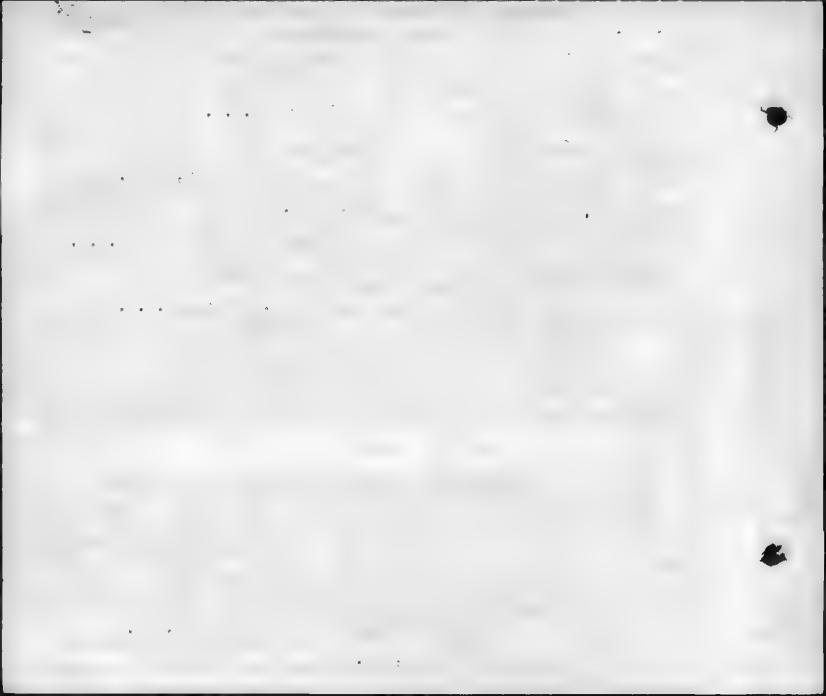
VS A15 (4) 15M 10/57



death.

ofter

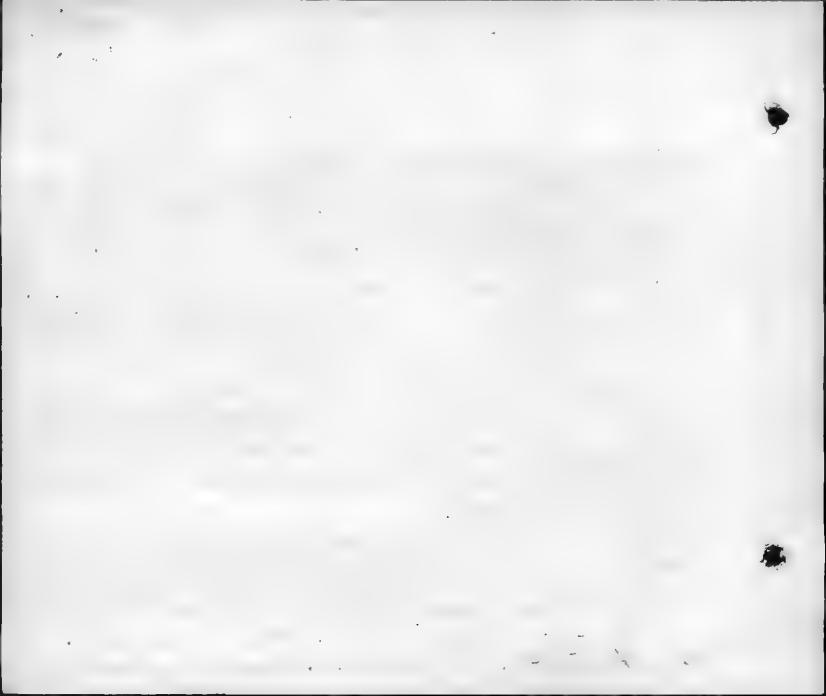
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH R STATE Reg. Dist. No. EALTH DEPT. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY o STATE h COUNTY MARYLAND AT.T.EGANY files. Health MARYLAND ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate him is, write BURAL c. LENGTH OF STAY IN 16 WESTERNPORT WESTERNPORT d STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESTO. N. E ON A FARM? 00 YES NO 106MAIN 3. NAME OF DATE Year F'rst Middle Month DECEASED OF DEATH PATRICK (Type or print) H. JAN 19 GRIFFIN 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HE 5. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 1 8 DATE OF BIRTH with last britiday) Months Days Hours Min. 68 MALE WIDOWED | DIVORCED [yrs. A hours and 2, 2, form PM3. Page 5, rand 2 pup SO 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) MACHINIST O RR CO. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GRIFFIN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116 SOCIAL SECURITY NO. 17. INFORMANT Address CUMBERTAND (Yes, no. or unknown) (If yes, give was or dates of service) MRS.MAR MD NTERVAL BETWEENE ONSET AND DEADER 18. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) pending" in pentil . lical Examiner's Office e used as a burial-fram 11:07.1 **DUE TO** Conditions, if ony, which gave rise to immediate cause **DUE TO** (o), station the underlying couse fost. PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY PERFORMED? ief Medical i NO X 20. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (State) loctory, street, office bldg., etc.) E C While Not while Q. ID. at work 🗀 et work 📋 D. m. 21. I certify that I took charge of the remains described above, held an Autopsy 🗍, Inspection | and in my 0 4 Notural couses X. Suicide . Hamicide . opinion death resulted fram: Accident Undetermined manner DATE SIGNED ACTUAL M.D. CHIEF MEDICAL EXAMINER 000 SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) should FUNER 22d. LOCATION (City, town, or county) 220 BURIAL CREMATION, 1276 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) 0 ADDRESS 246. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE PIEDMONT, VS ATSME Cirilet S. Fireus 5M 2 57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



	ZZ CERTIFICATE OF DEATH				Reg. Dist	Reg. Dist. No.		
	PLACE OF DEATH COUNTY ALLEGANY	2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) a. STATE MARYLAND b. COUNTY ALLEGANY						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) CUMBERLAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND					
1	OR INSTITUTION EMORIAL THOSPITOL GIVE STEEL ADDRESS) WARWICK AND MEMORIAL AVE.		A STREET ADDRESS RT.#1, BREEN POINT, MT. SAVAGE RD.				FARM?	
	NAME OF First DECEASED (Type or print) LILLIAN	Middle M	Lost HAINES	4. DATE OF DEATH	JANUARY	6	^{(eor} 9 59	
	FEMALE WHITE WIDOWE	DIVORCED [Parallel Company	YEAR IF UNDE Days Hours	R 24 HRS Min.	
	THE PARTY OF THE P	thome	MARYLAN	D		S.A.	COUNTR	
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	GEORGE MARVIN SARAH ANN WILLISON							
1	S WAS DECEASED EVER IN U S ARMED FORCES? 16. S (Yet no or unknown) Ill yes, give wor or dates of service) NO		FORMANT MORIAL HOSPITA	AL CUN	Address MBERLAND, M	D.		
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)]						TWEEN	
	PART I. DEATH WAS CAUSED BY. acute breparatial Factors							
	420, DUE TO 12							
1	Conditions, it ony, which) 101 Recent lucipeardial latacter 5 class							
۱	gove rise to immediate couse (o), stoting the under-							
COTTO	lying couse lost. (c) 171741054407 (C) (avalourascular District 10 9600							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO							
	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL-EXAMINER)							
	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY Home form 20f (City or town) (County) (Stote) Hour o. m. P m. 19 While Not while of work of work							
	21. I certify that I attended the deceased from 1975, to b tas 1957, that I last saw the deceased							
	alive on 12 7, and that death accurred at 7:20PM, from the causes and an the date stated above							
	ACTUAL SIGNATURE DELLE ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE SIG							
	PHYSICIAN'S S G WEISMAN Cumberland Wed							
2	70. BURIAL, CREMATION, 27b. DATE THEREOF	22c NAME OF CEMETERY OR		22d. LOCATION (C	ity, lown, or county)	(Stote	}	
-	Burial 1/9/59	RoseHill Co	emetery	Cumberl	and Mary	land		
2	3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			246 REGISTRAR'S SIGN			
	Ruth E. Silony Cumb	erland Mann	land Date JA	N 9 '59	I thun S.	THANKS		

may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the perol director, page 3 shauld be accorded for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 shauld be filed, with the registror prior to burial, cremation, or remaval, and in any event withouts after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 10/57

1.0

I



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Allegany filed o. COUNTY Allegany MARYLAND Md. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Westerboort d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d STREET ADDRESS Main 127 Main 4. DATE NAME OF First Middle Lost Month DECEASED (Type of print) Marv Florence DEATH Harris Jan. 17 SEX Female 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 8 DATE OF BIRTH 9. AGE (In years lost birthday) White DIVORCED T WIDOWED PA complet papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during mast of working life, even if retired) HOUSE WITE W. Va. puo 9 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME offer physician William H. Murphy Lucindia Ellen Murphy 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and .(c).] PART I. DEATH WAS CAUSED BY that the In et al X Š Canditions, if any, which s been signed if-transit permit gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART 13. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 179. WAS AUTOPSY 700 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.) Haur a.m. While Nat while of work at work p. m. 21. I certify that lattended the deceased from. _____, and that death accurred at ______, M, from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) SIGNATURE 2 P <u>.</u> FUNERAL C Sage 3 shoul he registrar PHYSICIAN'S NAME (Type)

22c NAME OF CEMETERY OR CREMATORY

Murphy Cem

Westernport. Md.

ADDRESS

0 VS A15 (4) 15M 9/55

he

220 BURIAL, CREMATION,

BREMOVAS (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

Jan.

20.59

240 REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

22d, LOCATION (City, town, or county)

near Swanton.

Reg. Dist. P

Months

e. IS RESIDENCE ON A FARM?

Day

IF UNDER I YEAR IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

(Stole)

12. CITIZEN OF WHAT COUNTRY?

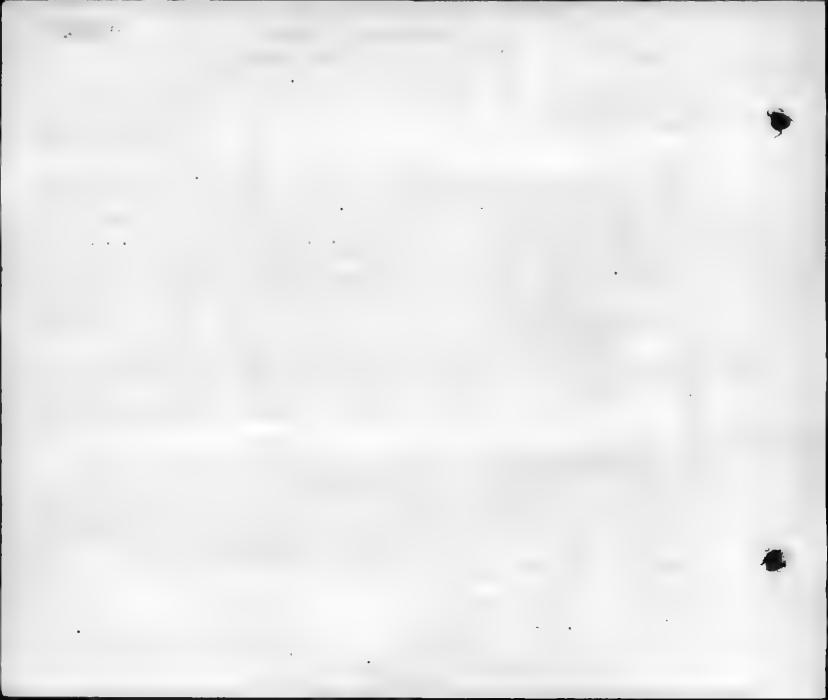
Days

(County)

YES NO-

Year

1959



VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 93 CERTIFICATE OF DEATH

00036

93

Reg. Dist. No.

	1, PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (WE	-	If institutions I	7 1	
	Allegany		lie ry La		P	Tregar	-
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c CITY OR TOWN (If a	_	nits, write RURA	L and give near	est fown)
	La Vale	6 months	X La Va	ale			
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			•	IS RESIDENCE ON A FARM?
	Country Club Ac	ad	Country	y Club R	load		YES NO
	3. NAME OF First DECEASED	Middle	Losi	4. DATE OF	Month	Day	Year
	(Type or print) GEORGE J	OSEPH HAI	RTMAN		nuary	8,	19 59
	5. SEX 6. COLOR OR RACE 7. MAR	RIED 🔃 NEVER MARRIED 🗌	8. DATE OF BIRTH	9 AG	1.3111.511111		IF UNDER 24 HPS
	Lile Unite widow		June 23.19	17 41	Mrs M	onths Days	Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (Stote	or fareign cauntry)		12 CITIZEN OF	WHAT COUNTRY
	Salesman	uilding sup	plies Pe	enna		USA	
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME			
	George W. Hartma	n	Ma.rv	Reilly			
-/	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		INFORMANT		Address		
	Yes, no. or unknown) If yes, give wor or dates of service) Yes	61 1/ 73/6	Dorothy Ha	rtm, n	I Va	ale, mo	1.
	18. CAUSE OF DEATH [Enter only one cause per l	ine for (a). (b), and (c) 1	7 7 7 11	- Omean	71,0		RVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	7 1 1 -1 0	1 1 00001	Car :		ONSE	T AND DEATH
	IMMEDIATE CAUSE (6) COS	12 76 18 pt	114444	C 12 1 47			
		/					
	Canditions, if any, which (b)						
	cause (a), stating the under-						
	lying couse last.) (c)						
¥	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH						
	YES NO YES NO						
	200. ACCIDENT WAS UNDERLYING 1 20b. DES	SCRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in I	Part I or Part II of i	tem IB.)		
	20c. TIME OF INJURY Month, Day, Year 20d. While p. m. 19 of wo		LACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f. (City or law	n)	(County)	(Slote)
	p. m. 19 of wo	1401 1411116		Ή.			
	21. I certify that I attended the decea	sed from 1/2/	, 19-2, to	1/5	195° d	not I lost say	w the deceased
	alive on 7/8 193	3 4 and that deat	7	M, fram the	/		
	116 15 -1	7,		ADORESS (Street, ci			DATE SIGNED
	SIGNATURE & // CELL D. C.		. 14 %	2 P			15150
	SIGNATURE - TOTAL A FOR	1	M. D.	* *			4 248-4
	PHYSICIAN'S NAME (Type) L. B. wether.s		Cumberland	سيد الكلاسية		/	/
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (C	ily, town, or co	ounty)	(State)
	Burlo 1 1/12/1959	Arlington	ive.t. Cem.	.rlin	ton,	Ví.	
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'	D BY REGISTRAR		R'S SIGNATURE	
	Byron Kight Cumb	erland, ma.	DATESAN	1 3 59	('a,	I. Ewith	
			7.0881				



meral director. may be retained by the haspital or attending physician.

TO FUNERAL DIRECTAR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be proceed for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 x 1 the registrar prior to burial, cremation, or remaval, and in any event within 72 hards, after death. VS A15 (4) 15M 9/55

I

TE NOSPITAL DR XITENDING FIFY ICE.N: The law requim that the death certificate lie elecuted within 24 hours after death. Page 4

_	23	CERTIFICA	ATE OF DEA	VIH.	Reg. Dist.	No.
1.	PLACE OF DEATH o. COUNTY allegany	MARYLAND	2. USUAL RESIDENCE 0. STATE		If institution Residence	before admission)
	RURAL and give regired town)	LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate lin	nits, write RURAL and giv	procurest toyn)
	d. NAME OF HOSPITAL (If not in hospital, give street oddr OR INSTITUTION, Hanches JS	7.	d. STREET ADDRES	Haner	n 54.	e. IS RESIDENCE ON A FARM? YES NO 12
	NAME OF DECEASED (Type or print)	Marte	n Harte	4. DATE OF DEATH	Jan 7	Day Yeor 1959
1	Male White WIDOWED E	DIVORCED [B. DATE OF BIRTH	571 6		YEAR IF UNDER 24 HRS days Hours Min.
Á	USUAL OCCUPATION (Give kind of work done 10b. KIN) during most of working life, even if refued) Clinical Diametry Works	noon Brewe	ng Cur	Suland	148 21	EN OF WHAT COUNTRY?
	Edward H Harte	ing 1	Maga	en name Lakena	miller	
	iff yes, give wor or dates of service) 214	1-8-5004)	no. Lo	is m.	Hartung	Cumb Mi
	18 CAUSE OF DEATH [Enter only one cause per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r (a). (b). and (c).]	This	mbos	5 7	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate					
z	codse (o), stoting the <u>under</u> lying code lost. PART II. OTHER SIGNIFICANT CONDITIONS CON	TORRITING TO DEATH BUT	MOT DELATED TO THE	EDMINIAI RICEACE FANI	DITION CIVEN IN BART	TAL WAS ALITORS
FICATION		E HOW INJURY OCCURRED				PERFORMED? YES NO
ICAL CERTIFI	OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			form, 20f. (City or tow		
MEDIC	Hour o. m. 19 While of work	Not while foc	ctory, street, office bldg.	etc.)	n) (Co	unty) (State)
	21. I certify that I attended the deceased to	fram, and that death	occurred at		causes and an the	st saw the deceased date stated abave.
	ACTUAL SIGNATURE	el &	M.D	ADDRESS (Street, ci	or town, state)	DATE SIGNED
	PHYSICIAN'S NAME (Type)	ifilly	<u>() </u>			
	LEMOVAL (Specify) 1/10/59	S. Feller +	Hauf Ces	r. Lun	City, Igwn, or county)	Payland
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	100 ()	REC'D BY REGISTRAR	246 REGISTRAR'S SIGN	IATURÉ



I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			24	CERTI	FIC.	ATE OF I	DEATH	l	Reg. Di	ist. No.	
٦,	PLACE OF DEATH						DENCE (Who		If institution, Resider	ice before a	dmission)
	a. COUNTY	EGANY		MARY	LAND	o. STATE	ARYLAN	VD.	ALLE	EGANY	
	b. CITY OR TOWN (If outside corpora	ote fimits, wri	e c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	ulside corparate lii	nits, write RURAL and	give nearest	fown)
		ERLAND		4HRS.57 MI	NS	C	UMBERL	AND			
	d. NAME OF HOSPI	TAL (If not in hos	pital, give str		110	d STREET				e 15	S RESIDENCE
	OR INSTITUT ON	"AND" WAR	WTERTA	VES.			704	GEPHART (RIVE		S NO K
3	NAME OF DECEASED		First	Middle		lo	st	4. DATE	Month	Day	Year
	(Type or print)	•	BABY	BOY		HILLER	RY	OF DEATH	JANUARY	24	19 59
5.	SEX	6 COLOR OR	RACE 7. N	ARRIED NEVER MARRI	ED 🖄	8 DATE OF BIRT	н	9. AG			UNDER 24 HRS
	MALE	WHIT	E WIDE	DWED DIVORCE	P []	JANUA	RY 24,	1959	birthdoy) Months	Days Ho	ours Mic.
10c	USUAL OCCUPATI	ON (Give kind of	work done	106 KIND OF BUSINESS O	R INDU	STRY 11. BIRTHP	LACE (Stole	or foreign country)	12 CI	TIZEN OF W	HAT COUNTRY?
	none	ung me, even ir	renreal	none		CUMB	ERLANE	MARYLA	IND I	J. S.	A.
13.	FATHER'S NAME					14 MOTHER'S					
		RUSSEL	L H. F	HILLEARY JR			RO	DSE ANN V	/ILLISON		
15	WAS DECEASED EVI	ER IN U. S. ARME		16. SOCIAL SECURITY NO	. 17. 1	NFORMANT			Address		
1.2	no	priyes, give wor or u	cons or revecu)	none		MEMOR#AL	HOSPI	TAL	CAME	BERLAN	D,MD.
NO	PART t. DE. 761.0 Canditions, if a gave rise to cause (a), stoling lying cause lost.	TH WAS CAUSE IMMEDIATE CA	D BY: AUSE (o) DUE TO (b) USE TO	NS CONTRIBUTING TO DE	LIO ATH BUT	NOT RELATED TO	abe THE TERMIN	NAL DISEASE CON	DITION GIVEN IN PAI	ONSET	AND BEATH
CERTIFICATION	20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF D MEDICAL EXAM	DEATH INER)	DESCRIBE HOW INJURY O	CCURRE	D. (Enter nature o	of injury in P	ort I or Part It of	item 18.)		ERFORMED? S NO
MEDICAL	20c TIME OF INJUI Hour a.m. p.m.	RY Month, Do	w w	d. INJURY OCCURRED hile Not while work at work	20e. PL fa	ACE OF INJURY (clory, street, offic	Home, form, e bldg., etc	20f. (City or lov	vn) (County)	(Stote)
	21. I certify 11 alive on	1.1. Po	the dece	o 58, and that	deoth	n occurred at		```	, 1949, that 1 causes and on 1 lift or town, state M		the deceased stated above. DATE STAINED
22	NAME (Type)										******
220	BURIAL, CREMAT C		HEREOF 6 -1 951	9 Hillcre		Burial	Park		City, town, or county). ${ m rland}$, ${ m Md}$.		(Stote)
23	FUNERAL DIRECTOR			ADDRESS		LINE THE		BY REGISTRAR	246 REGISTRAR'S SI	GNATURE	

Cumberland, Md.

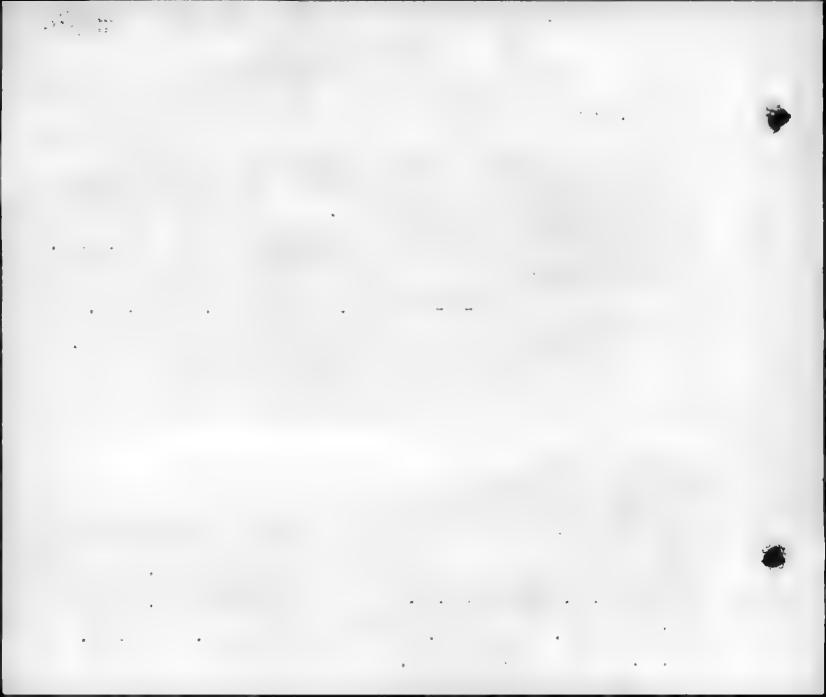
240 REC'D BY REGISTRAR DATE AN 2 7 '59

Colling S. Frank

VS A15 (4) 15M 10/57

F. Scarpelli,





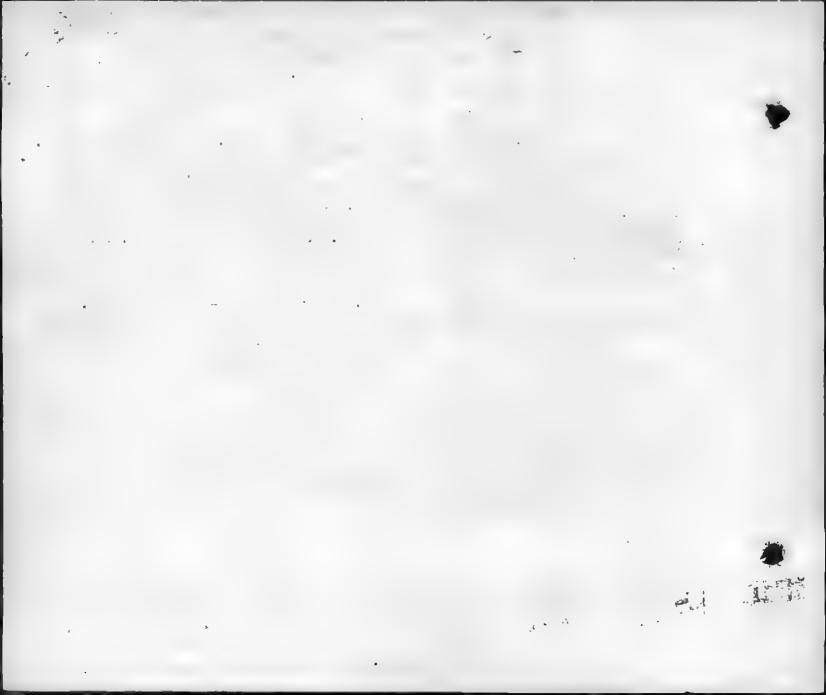
ofter



15M 10/57

CERTIFICATE OF DEATH

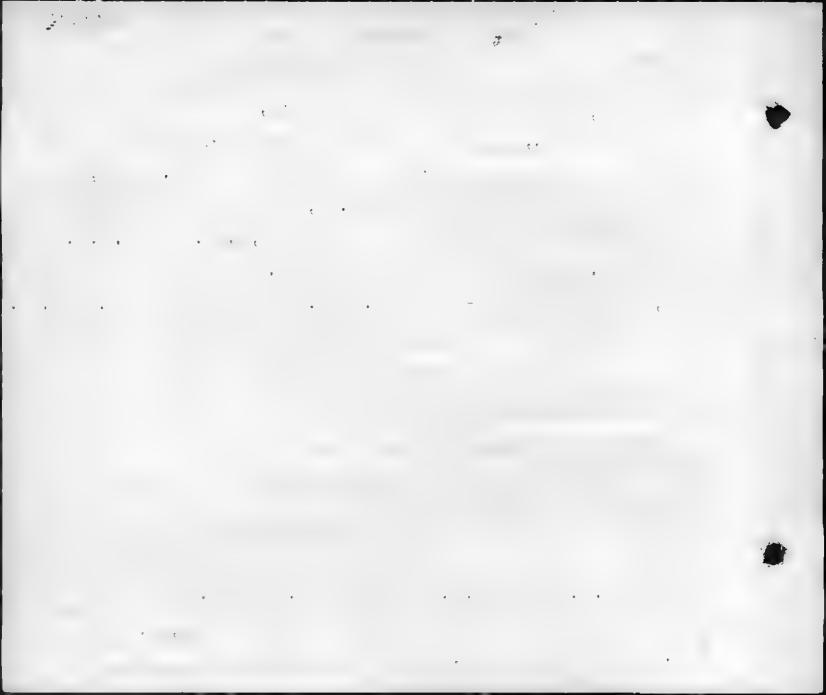
Rea, Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Allegany Md. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport d. STREET ADDRESS e IS RESIDENCE ON A FARM? 226 Miller St. YES NO A 4. DATE Month Day Year 21 Jan. 1959 DEATH AGE (In years lost buthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min Jan. 1. 1879 yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S.A. 14. MOTHER'S MAIDEN NAME Alice Rexroad Address Mrs. Stanley Campbell-Westernport, Md. INTERVAL BETWEEN ONSET AND DEATH least Dace PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19 WAS AUTOPSY PERFORMED? YES NO TA 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) 195 Lithat I last saw the deceased and that death occurred at 25 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d LOCATION (City, fown, or county) (Stole) Westernport Md. 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Westernport. Md. DATEAN 2 6 '59

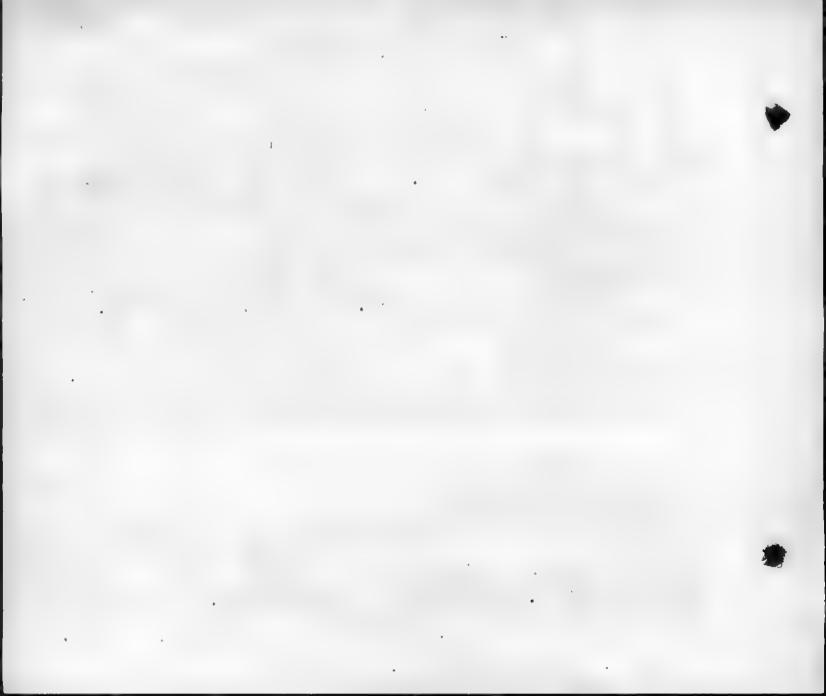


death.

after

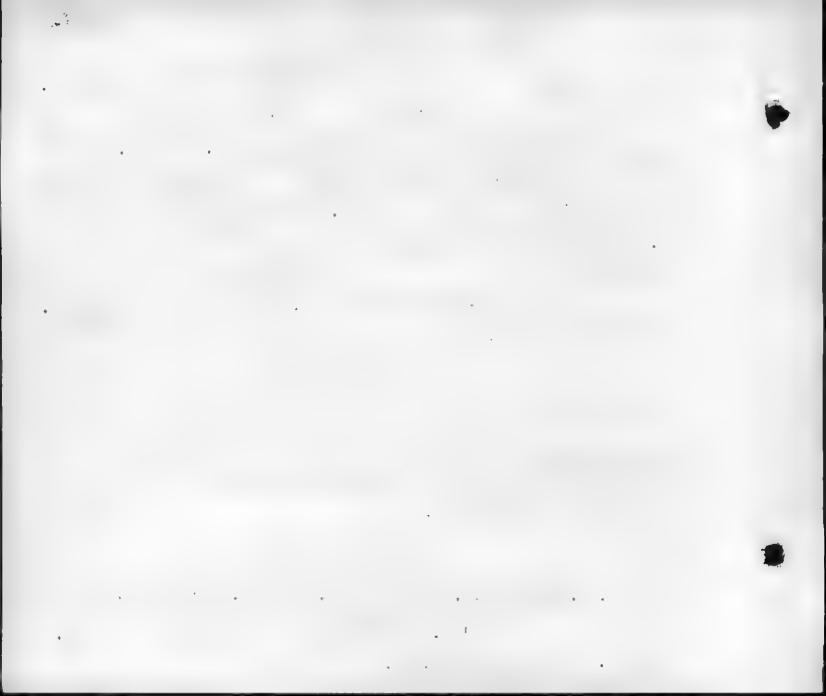
1 550 -1, 1 15,08



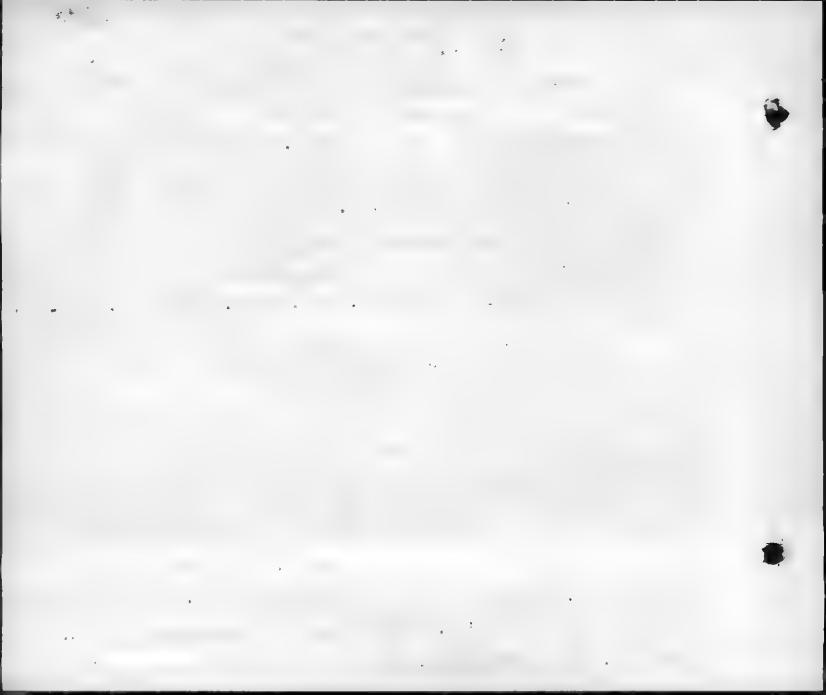


MARYLA	ND STA	TE DEPARTA	IENT OF	HEALTH-	BALTIMORE,	18
	6	CERTIFIC				Day

					Keg. Uist. No.
1. PLACE OF DEATH a COUNTY	Allegany	MARYLAND	2. USUAL RESIDENCE (W) O. STATE Mary	L COUNTY	on Residence before admission) Allegany
b CITY OR TOWN (I	f outside carporate limits, write	C. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	outside corporate limits, write f	URAL and give nearest tawn)
_		Lifetime	Frost	tburg.	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give street	address)	/ d. STREET ADDRESS		e IS RESIDENCE
	ter - W. Main	Street	Hotel Gur	ter. W. Mai	n St. YES NO M
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mor	nth Doy Year
(Type or print)	William	Truman	Kemp	of DEATH Januar	v 25th, 19 59
5. SEX		RIED NEVER MARRIED	8 DATE OF BIRTH	9. AGF (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Male	White widow	ED DIVORCED	Jan. 26th.	1871 last birthday)	Manths Days Hours Min
10g. USUAL OCCUPATIO	ON (Give kind of work done 10b king life, even if retired)	KIND OF BUSINESS OR INDI			12. CITIZEN OF WHAT COUNTRY
Ret. Jan	itor G	unter Hotel	Maryla	and	USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN N		
Truman	Kemp		Elizabet	th Baum	
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO 17	INFORMANT	Add	ress
212-18-1457 Earl Kemp, Gunter Hotel, Frostburg, Md.					
18 CAUSE OF DEA	TH [Enter only one couse per l		, , 1		INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (6) CITCLE CO.					
422.1	DUE TO	3	/	7	
Conditions, if a	ny, which) (b)	Carden	1.000010.	deleces	11.911.5
gove rise to i	mmediate Curs TO		12 12-6 0 20 000		
Lying cause last.	(c)				(/
Z PAM II. OTE		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY
Pam II. OTH	-17	Carl In	1		PERFORMED?
200. ACCIDENT WA	S UNDERLYING (1) 206. DES	CRIBE HOW INJURY OCCURR	ED. (Enler nature of injury in I	Part I or Port II of item 18.)	
3 20c TIME OF INJUR	Y Manth, Day, Year 20d I	NJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm	, 20f. (City or town)	(County) (State)
20c TIME OF INJUR	19 While	Not while fi	octory, street, affice bldg., etc.		,,
21. I certify that I attended the deceased from 6-1, 1930 to 1-25, 1957, that I last saw the deceased alive an 1957, and that death accurred at 5 130 PM, from the causes and an the date stated above.					
Olive un	7 2 /	ense, and that deat		.L.M., from the causes of ADDRESS (Street, city or town,	
ACTUAL SIGNATURE	74.17.1	1.1		ABBRESS (SITEO), CITY OF ROWER,	1/2-1/15
SIGNATURE	/ 10 00 200	-760	M D		1/27
	I. C. Diehl,			n St., Frost	burg, Md.
220. BUR AL, CREMATIO REMOVAL (Specify)		22c. NAME OF CEMETERY O		22d. LOCATION (City, town,	or county) (State)
Burial (Specify)	1-28-59		ial Park	Frostburg	Md.
23 FUNERAL DIRECTOR		ADDRESS			STRAR'S SIGNATURE
Joseph I	R. Durst, Fro	stourg, Md.	DATE JA	IN 2 9 59	owner S. Track



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



15M 10/57

Reg. Dist. No.

alive an										
d. ASSECTATED ON STATEMENT AND WARM CR. A STREET ADDRESS OR NOT THE CONTROL ON A FRANCE OR A STREET AND A STREET AND A STREET AND A STREET OR A STREET	RURAL and give ne	cumberland	9 DAYS	c. CITY OR TO			mils, write RI	URAL and giv	e nearest fow	m)
3 NAME OF DECASED TYPE OF PRINT ALONZO E KESECKER DIATE TO PRINT ALONZO E KESECKER DIATE TO PRINT ALONZO E KESECKER DIATE TO SET TO PRINT ALONZO E TO PRINT ALONZO E KESECKER DIATE TO PRINT THE TO PRINT ALONZO E TO PRINT ALONZO E KESECKER DIATE TO PRINT THE PRINT T	d. NAME OF HOSPIT OR INSTITUTION MEMORIAL	AL (If not in hospitol, give street MEMORIAL HOSI AND WARWICK AVE:	Odress TTAL			AND AVE	NUE		ON	A FARMS
MALE WHITE WIDOWED DIVORCED AUGUST 18 North Hope Days Month Days Main.	3 NAME OF DECEASED	First A LONZO	Middle E	KESE		OF			Day 17	FO
BERKELEY SPRINGS, W. VA. U. S. A. Retired Trainman Railroad BERKELEY SPRINGS, W. VA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED VER IN U. S. ARMED FORCES? 15. WAS DECEASED VER IN U. S. ARMED FORCES? 16. CAUSE OF DEATH [Enter only one course per line for (o), [b], and (c)] PARTI DEATH WAS CAUSED BY: Conditions, if any, which gave (is to immediate cause (o), dating the under line (o)) PARTI DEATH WAS CAUSED BY: Conditions, if any, which gave (is to immediate cause (o)) PARTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI IO! PARTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI IO! PARTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI IO! PARTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI IO! PARTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI IO! PARTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI IO! PARTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI IO! PARTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI IO! PARTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI IO! PARTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI IO! PARTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI IO! PARTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI IO! PARTI OTHER SIGNIFICANT CONDITIONS CONTRIBUTED CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PARTI IO! PARTI OT	MALE	WHITE WIDOWI	DIVORCED	AUGUS'		lai	t birthdoy) 77 yrs			
JACOB KESECKER 13. WAS DECEASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 17.	Retired	ung I fe, even it refired)		BER	KELEY	SPRING				
15. MAS DECEASED EVER IN U. S. ARMED FORCES? 17. No or withomory 18. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 129 May a prevalence of diversity of work of united by which gove rise to immediate cause (a), studing the under-life course (b). 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c)] 18. PART II DEATH WAS CAUSED BY 19. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 129 MAS AUTOPSY YES NO 22 NO. ACCIDENT WAS UNDERSYNO. 19. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 129 MAS AUTOPSY YES NO 22 NO. ACCIDENT WAS UNDERSYNO. 200. AC	.14	ACOB KESECKER								
PART I DEATH WAS CAUSE (8) IMMEDIATE CAUSE (8) DUE TO Conditions, if only, which gave rise to immediate cause (n), stoing the under lying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 10] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 10] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 10] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 10] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 10] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 10] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 10] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 10] PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 10] PART II OTHER SIGNIFICANT	15. WAS DECEASED EVE	R IN U. 5 ARMED FORCES? 16.		INFORMANT					MD.	
PERFORMED? YES NO Z 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTION COLUMN	Canditians, if all gave rise to it cause (a), stating	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ny, which (b) mmediate DUE TO DUE TO	1 57 0	queta Celera	2.6	uleo	£ .		ONSET AND	DEATH .
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of wark of work of wark of work of wark of work of wor	CAT							EN IN PART 1	PERFO	ORMED?
21. I certify that I attended the deceased from	- I	MEDICAL EXAMINER)	KIRE HOW INJUSY OCCUS	RED. (Enter nature af ii	ijury in Pa	ri I ar Port II af	item 18.)			
actual signature M.D. CUMBERLAND, MARYLAND PHYSICIAN'S NAME (Type) DONALD B. GROVE 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 120-59 B. E. U.B. Cometery Near Martinsburg, W. Value of Company Removal (Specify) Burial 24b. Registrar's Signature Address 24c. Rec'd by Registrar 24b. Registrar's Signature 24b. Registrar's Signature 24c. Registrar 24b. Registrar's Signature	20c. TIME OF INJURY Haur a. m. p. m.	While	Not white	PLACE OF INJURY (Ho factory, street, affice b	ne, form, dg., etc.)	20f (City or to	wn)	(Cou	anty)	(Stote)
Burial 120-59 B.E.U.B. Cometery Near Martinsburg W.Va Funeral director's signature ADDRESS ADDRES	actual signature Physician's	1-17 , 19 !	ond that dec	th occurred at	A	M, fram the	Causes a	nd an the	date stat	ed abave
23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	REMOVAL (Specify)				2				,	te)
Ottate 1. Dett peril, ottate rate, me.	23 FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	2.		BY REGISTRAR		TRAR'S SIGN	ATURE	<u> </u>
	odines I,	DOGT POTITIO	amoer remain	100	716 975					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



		1		-
Poge 4		lirector,	ed with	
death.	_	heral o	The Fi	100
40SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	by be retained by the haspital or attending physician.	R: After this certificate has been signed by the attending physician and campletely filled in by :	ge 3 shauld be perached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should the hite	registrar priar to burial, crematian, ar remayal, and in any event within 72 hoars other death.
TENDING F	the haspita	R: After th	stached for	burial, cre
SOSPITAL OR AT	y be retained by	UNERAL DIRS	ge 3 should by	registrar priar to

\$

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 29 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

		No.	48
Reg.	Dist.	Ne.	

1. PLACE OF DEATH			MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE b COUNTY					
Allegar				Mary			A.	llegany	
RURAL ond give	(If outside corporate limit nearest town)	s, write	c. LENGTH OF STAY IN 16	e city or tow	N (If or	utside corporal	e limits, write RURA	L and give nears	est town)
Cumber			24 Hours	Cu.	mbe:	rland			
OR INSTITUTION	TAL (If not in haspital, g	ve street	address)	d STREET ADDR	ESS			e	IS RES DENCE ON A FARM?
	Heart Hospi	tal		8 Broadw	ay (Circle			YES NO 🕭
3. NAME OF DECEASED	Fire	it	Middle	Lost		4. DATE	Month	Day	Yeor
(Type or print)	Thomas		R.	Kevser		DEATH	7	9	1950
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH		9.	AGE (In years IF)		
Male	White	WIDOW	ED DIVORCED	2-19-8/1	18	84	lost birthday) M.	onths Days	Hours Min.
10n. USUAL OCCUPAT	ION (Give kind of work of	ione 10b	KIND OF BUSINESS OR INDU		(State o	or foreign cour		12. CITIZEN OF	WHAT COUNTR
during most of we	rking life, even if retired)	- 1 .						***	WW 470 A
HETTPEC 13. FATHER'S NAME	. Brakemar	1 .	Railroad			Ingh	am Page		U.S.A
3. FAIRER S NAME				14. MOTHER'S MAI	DEN N	AME			
Will	iam H. Key	ser		Sarah	F.	Luc	a.s		
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (88, no, or unknown) (14 yes, give wor or dates of service)			SOCIAL SECURITY NO. 17.	NFORMANT			Address		
No	(1) 100 100 100 100 100 100 100 100 100 1		705-07-9546	Rena Key	yse	r 8 B	roadway	Circle	2
18. CAUSE OF DI	ATH Enter only one co	use per li	ne far (a), (b), and (c).]					INTER	VAL BETWEEN
	ATH WAS CAUSED BY:	1	20,00 For	01100				ONSE	T AND DEATH
IMMEDIATE CAUSE (6) 1 COLOR 1 COLOR 2									
400,0	DUE TO	1	hat C.C.	Let	172	C >10	Liber	4	1
Conditions, if		_/>	Cay Tucke	2 au	11	Dec 20	effecula	RI 7	Mock
Couse (a), stoting		34	2 for 6	0-0	01		Lex xx	0.00	unt.
lying couse lost) [c		TELLETER	02000	V	uua	गुन्द 171	Work	P
PART II Q	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMIN	NAL DISEASE (CONDITION GIVEN	IN PART 1(0) 19.	. WAS AUTOPSY PERFORMED?
PART (I O									YES NO M
	AS UNDERLYING TO CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of inju	ory in P	ort 1 or Part #	of item 18.)		
200 ACCIDENT WOR CONTRIBUTION	G CAUSE OF DEATH Y MEDICAL EXAMINER)								
		204 1	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home	n form	706 (City a)	. Annual	15	184-4
20c. TIME OF INJU		VVNIIe	Not while	clery, street, office bld	g.—elc.	1 201. (City of		(County)	(State)
₹ p. m.	19	of wor	k ot work			<u>i , </u>	THE	evers.	ociana
21. I certify	that I attended the	deceas	ed from	1949, to		19	19	hat I last say	w the decease
alive an	(/ 4	. 19	55, and that death	occurred at	09	R from	the causes and	on the date	stated shay
	10	-,	7	-		/	et, city or town, stat		DATE SIGNE
ACTUAL	1 Bonker	211	id;		- 2	7/2	1217105	5	1101
SIGNATURE	Carry Gar	4.7.6		M.D.	۷	1-1-1	cece p		-f
PHYSICIAN'S NAME (Type)	59	U	IEISUYA1	V	6	und	beller	ed l	CE,
220 BURIAL CREMATE		F	22¢ NAME OF CEMETERY C	R CREMATORY		22d. LOCATIO	ON (City, town, or co	ounty	(Stote)
BUTTAT Specif	" I-I2-59		Mt. Plesen	t Cem.		Cumbe	rland, Mo	d.	
3. FUNERAL DIRECTO	R'S SIGNATURE - >	7 4 0		3 34-	BEC.L	BY REGISTRA		AR'S SIGNATURE	
James T	. Scarpel	ÍI (Cumberiand, Mo	1.0					
corres 7	securelly			DA	PAN	1_3.159	Limes	S. Hund	



ARYLAND S	TATE DEPARTMENT	OF HEALTH-	BALTIMORE, 1	1
-----------	-----------------	------------	--------------	---

CERTIFICATE OF DEATH

95 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) · STATE Maryland o. COUNTY b. COUNTY Allegany MARYLAND Allegany b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURA), and give nearest town) RURAL and give nearest town) Rural 30 years Rural Dawson, Md. Dawson, Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? McMullen Highway YES TONO McMullen Highway NAME OF Middle 4. DATE Month Day Yeor DECEASED 1959 Rella Rebeccah Kimble DEATH January (Type or print) 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HPS. B. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours "hite Fema Le DIVORCED [10 Mar. 1880 WIDOWED A 190 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) West Virginia Housewife Home U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Van Meter Sarah Kimble 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address No Dawson, Md. 18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES T NO 17 200. ACCIDENT WAS UNDERLYING DY OR CONTRIBUTING DI CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f (City or lown) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg, etc.) Hour o m. While Not while al work ol wark p m thin 12 1909 that I last sow the deceased 21. I certify that I oftended the deceased from... , 1945, to , and that death occurred at _____M, from the causes and on the date stated above. alive on _ ADDRESS (Street, city or lown, state) ACTUAL SIGNATURE PATSICIAN'S NAME (Type) T.C. Giffin 220 BURIAL CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Jan. 1959 Dawson Cemetery Dawson. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE. 246 REGISTRAR'S SIGNATURE Keyser, W. Va. DATE

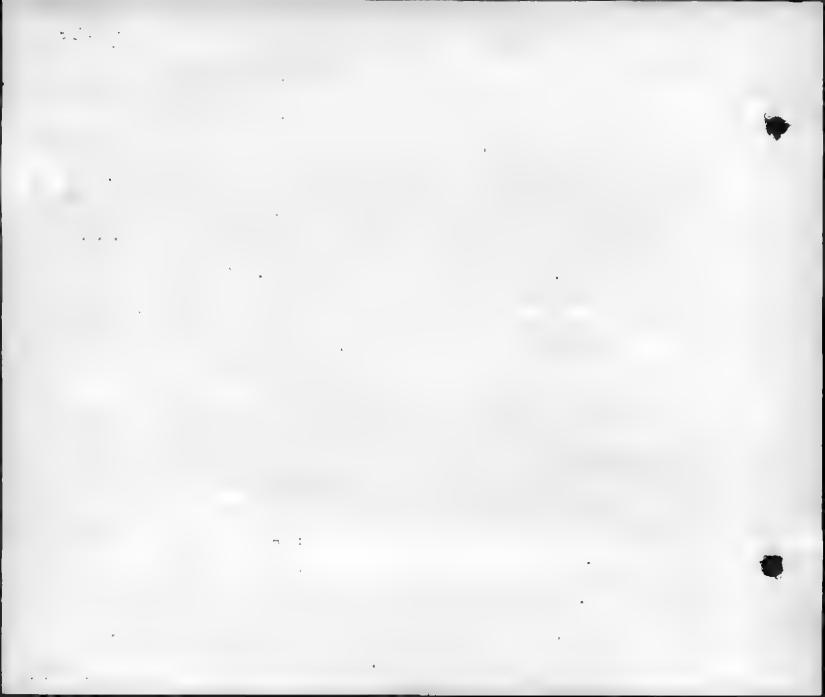
TO FUNERAL VS A15 (4)

N P P

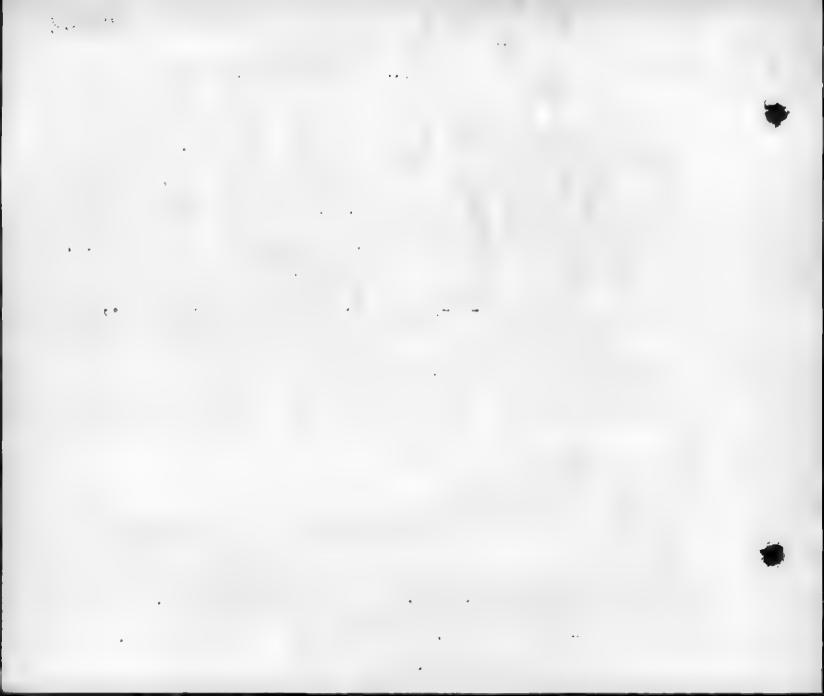


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 30 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY o. STATERYLAND Filed ALLEGANY **b** COUNTY ALLEGANY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) CUMBERLAND DAYS CUMBERLAND OR INSTITUTION NEMOR PARTIOL HOSPET TAGES STREET ADDRESS e. IS RESIDENCE ON A FARM? 652 BAKER STREET YES T NO TH MEMORIAL & WARWICK AVES .. 26 DATE NAME OF Middle Month DECEASED JANUARY KREGER DEATH DOUGLAS 19 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Doysey WHITE WIDOWED [DIVORCED [7] MALE U.S.A. 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. CUMBERLAND, MARYLAND death. during most of working life, even if retired) None None 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME DOROTHY T. BISHOP ROY J. KREGER 17. INFORMANT Address IS, WAS DECEASED EVER IN U. \$, ARMED FORCES? 16, SOCIAL SECURITY NO. MEMORIAL HOSPITAL. CUMBERLAND. MARYLAND None INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I DEATH WAS CAUSED BY-5 day IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), slating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES I NOX 206. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bidg., etc.) Hour a m. While Not while of work of work 1957 that I last saw the deceased 21. I certify that I attended the deceased fram __ ., and hat death accurred at 1:05PM, from the causes and an the date stated above. ADDRESS (Street, city or Jown, store) SIGNATURE ā P FUNERAL P page 3 shouther registror PHYSICIAN'S G. OVERTON HIMMÉLWRIGHT NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Sunset Memorial Cumberland, and. Park 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** TEN 2 8 '59 Cumberland, Ma. VS A15 (4) Byron Kight 15M 10/57 2,0603

death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57

13

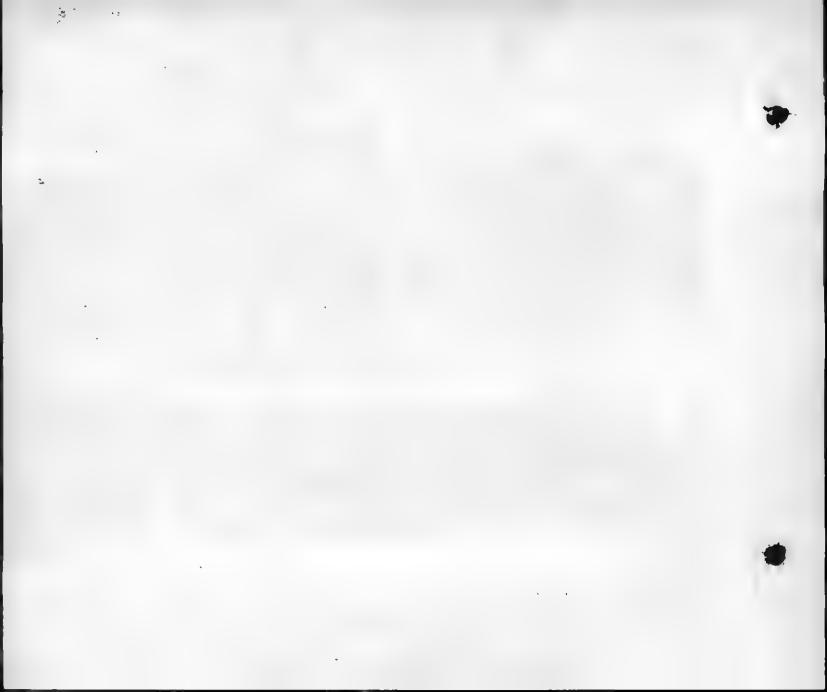
ARYLAND STATE D	PEPARTMENT OF H	HEALTH—BALTIMORE, 18
-----------------	-----------------	----------------------

00052

CENTIFICATE OF BEATH

CERTIFICATE OF DEATH Reg. Dist. No.														
1.	PLACE OF DEATH O COUNTY	Allegany		MAR	rland :	o. STATE	aryla:		d lived If institu	ru i	sidence befo Llegar		ision)	
	B. CITY OR TOWN (RURAL and give a Cumber1		IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)										
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 201 Paca St.,						. d. STREET ADDRESS 201 Paca St.,							SIDENCE A FARM? NO [
3 NAME OF DECEASED (Type or print)		Pierce			Middle Augustus			4. DATE OF DEATH		onth	23	ογ	Yeor 19 59	
s. sex Male		6. COLOR OR RACE 7. MARRIED WIDOWED		_			17, 1872		9. AGE (In years list UNDER last, buildoy) Wanths			YEAR IF UNDER 24 HRS Poys Hours Min		
10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Retired Plumber 12. CHIZEN OF WHAT COUNTRY Plumber 12. CHIZEN OF WHAT COUNTRY Plumber 12. CHIZEN OF WHAT COUNTRY Plumber 13. CHIZEN OF WHAT COUNTRY Plumber 14. CHIZEN OF WHAT COUNTRY Plumber 15. CHIZEN OF WHAT COUNTRY Plumber 16. CHIZEN OF WHAT COUNTRY Plumber 17. CHIZEN OF WHAT COUNTRY Plumber 18. CHIZEN OF WHAT COUNTRY Plumber 19. CHIZEN OF WHAT COUNTRY Plumber 19. CHIZEN OF WHAT COUNTRY Plumber 19. CHIZEN OF WHAT COUNTRY Plumber 10. CHIZEN OF WHAT COUNTRY Plumber 10. CHIZEN OF WHAT COUNTRY Plumber 10. CHIZEN OF WHAT COUNTRY Plumber 11. CHIZEN OF WHAT COUNTRY Plumber 12. CHIZEN OF WHAT COUNTRY Plumber 12. CHIZEN OF WHAT COUNTRY Plumber 13. CHIZEN OF WHAT COUNTRY Plumber 14. CHIZEN OF WHAT COUNTRY Plumber 15. CHIZEN OF WHAT COUNTRY Plumber 16. CHIZEN OF WHAT COUNTRY Plumber 17. CHIZEN OF WHAT COUNTRY Plumber 18. CHIZEN OF WHAT COUNTRY Plumber 19. CHIZEN OF WHAT COUNTRY PLUMBER PLUMBER PLUMBER PLUMBER PLUMBER PLUMB														
13	13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME													
John Lacy						Unknown								
	NO T	R IN U. S. ARMED FOR (If yes, give wor or dotes of it		SOCIAL SECURITY NO		Maude	Lacy	201	Paca St.	ddress C1	mber1	and,	Hd.	
		ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o		e far (a), (b), ond (c)								FRYAL B SET AND 2 4		
CERTIFICATION	Conditions, if any, which (b) (b)			bromi nephitis			is					31	glas	
	lying cause lost. (c) cartactalas					livoris						Y years		
	PART II OTI	HER SIGNIFICANT CON			ATH BUT NO				SE CONDITION G	SIVEN IN	PART 1(o)	PERF	AUTOPSY ORMED?	
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER)													
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 19 Of work 19 of work 19 of work 19						ACE OF INJURY (Mome, form, 20f. (City or town) (County) (State ctory, street, office bldg, etc.)							
	21. I certify that I attended the deceased from 3-7, 1957 to 1-23, 1939, that I last saw the decease alive on 1-22-, 1939, and that death accurred at 1:30A • M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. 57 Greene St.,													
77	1	Dr. Lewis B			ETERV AS A		berlar							
L	Burial Specify)	1/26/59		Sunset M				Cum	tion (City, town	212	arylar		re)	
23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George Cumberland, Hd. ADDRESS DATE JAN 2 6 '59 240. REC'D BY REGISTRAR DATE JAN 2 6 '59														







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. ALTH DEPT. I. PLACE OF DEATH 2 USUAL RESIDENCE (Whore doceosed lived. If institution Residence before admission) p. COUNTY D. STATE **b.** COUNTY MARYLAND Allegany Hissouri b. CITY OR TOWN Ill outside corporate limits, wi to JURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn). and give nearest town] Cu iberland North Kansas City D. O. A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospita), give street address) he funeral d refained fo e State Book d. STREET ADDRESS 1400 East 22nd Ave. D. O. A. at Sacred Heart Hospital 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH Sarah Anna January 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 16 DATE OF BIRTH with 9 AGE (n years IF UNDER TYEAR IF UNDER 24 HES 75 yrs Months Doys WIDOWED IX D.VORCED Nov. 9. 1883 fiernal e White es 1. 2. or f. Poge 5. f. Tond 2. 0 3 g 100 USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pages la Retired Practical nurse Elkins, W. Va. m 18. Give Poges 1, and with form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Wyatt Amanda unknown pending" in pencil in them 18. Give P cal Examiner's Office along with form used as a burial-transit permit. File p 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [17 yes, give war or dates of service] OVI irs Henry Dellaven. Cresaptown, Md. 18 CAUSE OF DEATH [Enter only one couse per I ne for (o), (b), and (c).] INTERVAL BETWEE & PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 420.1 **DUE TO** Conditions, if ony, which gove rise to immediate cause DUE TO (a), stating the undorlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | **₹** 70 CAUSE OF DEATH. Chie 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c TIME OF INJURY Month, Day, Your (County) factory, street, office bldg., etc.) Hour Not while of work at work p. m. 21 1 certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . OR G opinion death resulted from. Natural causes X, Accident], Suicide . Homicide . Undetermined monner ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE <u>ਰ</u> ਦੇ ਨੂ ASSISTANT MEDICAL EXAMINER **EXAMINER'S** should should FUNERA NAME (Type) Dr. B. Skitarelic 270 BURIAL CREMATION | 226 DATE THEREOF 220 NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county) REMOVAL (Specify) 70 Eurial bethel Cemetery Paw Paw W. Va. ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

Cumberland, Hd.

DATE

15 RESIDEN C ON A FARM?

YES NO 🔀

Year

PERFORMED? NO DE

(Stote)

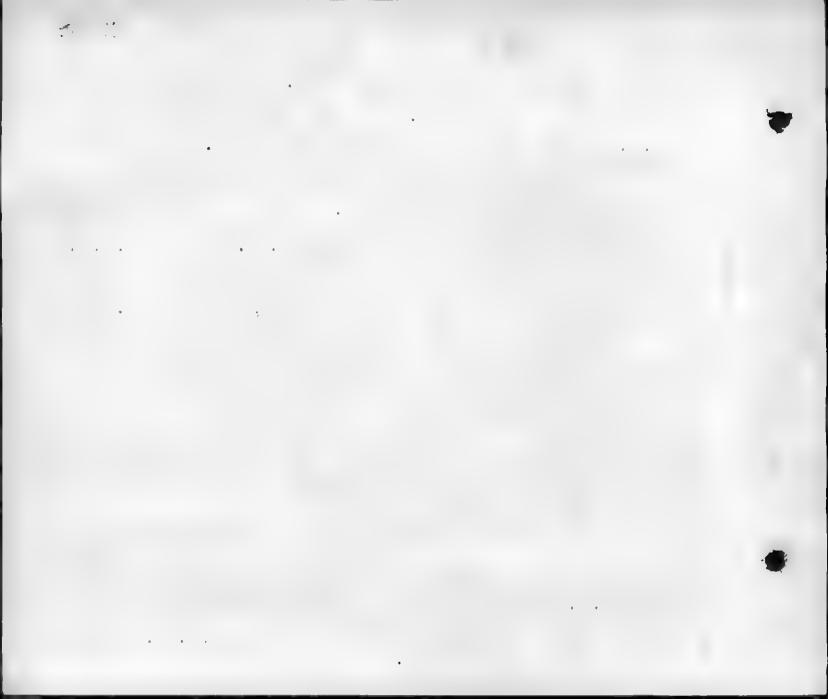
and in my

DATE SIGNED

(State)

Hours Min.

VS A15ME 5M 2, 57



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

may be retained by the haspital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be tracked far use as the burial-trans-t permit. Then please remave carbon papers. Pages 1 and 2 shouthe registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

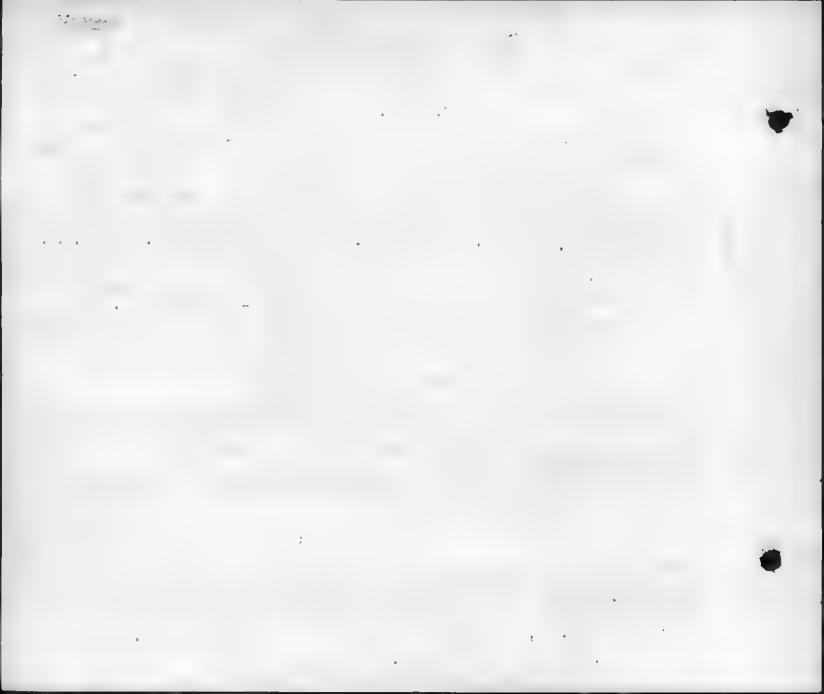
VS A15 (4) 15M 10/S7

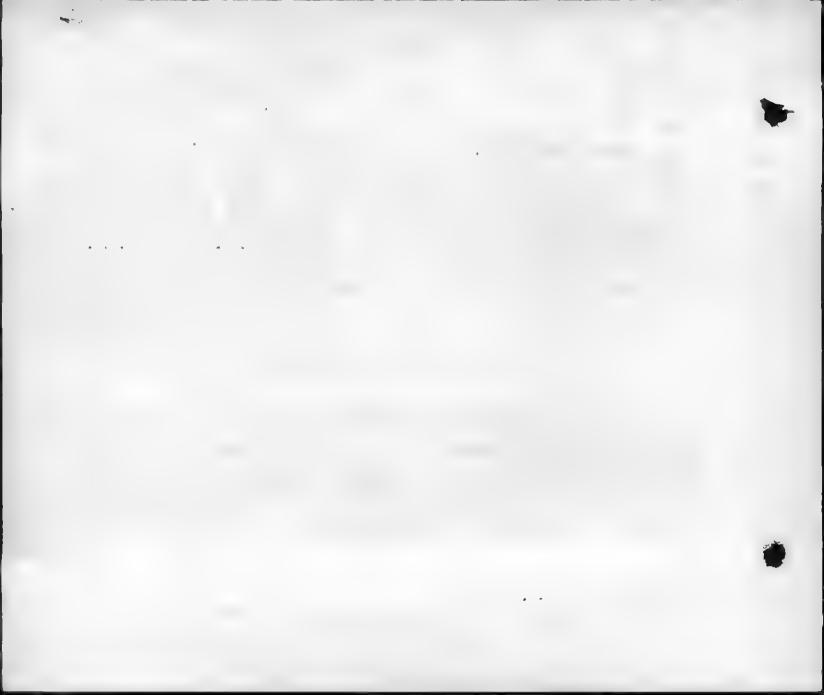
K

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 34

CERTIFICATE OF DEATH

OX			Keg.	Dist. No.					
1. PLACE OF DEATH COUNTY ALLEGANY	MARYLAND	2 USUAL RESIDENCE (WHO STATE MARYLA	ND b COUNTY ALL	dence before admission) EGANY					
b. CITY OR TOWN (if putside corporate limits, write RURAL and a ve neares! town) CUMBERLAND	7 HRS.33 MIN.	CUMBER	utside corporate limits, write RURAL or LAND	nd give nearest town)					
d NAME OF HOSPITAL (If not in hospital, give street or institution MEMORIAL HOSPITAL	oddress)	d STREET ADDRESS . 212 SC	HLEY STREET	e IS RESIDENCE ON A FARM? YES NO 💸					
3. NAME OF DECEASED (Type or print) GRACE	HORTENSE M	AXWELL Lost	4. DATE Month JANUARY	19 19 59					
MALE WHITE WIDOWN	DIVORCED	June 15, 188	last birthday) Month	DER 1 YEAR IF UNDER 24 HRS US Days Hours Min.					
DCCC			or foreign country) NIA (SOMERSET, CO.)	U.S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME						
JOSEPH S. MAXWELL		EMMA MARY							
(Yes, no. or unknown) (If yes, give war or dates of service)			CK & MEMORIANDAVE AL - CUMBERLAND,						
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) Conditions, if any, which gave rise to immediate couse (o), stoting the under-lying couse lost	140 cardes Ly pertensi Menorle	no Card	too aceife discourse Discourse	INTERVAL BETWEEN ONSET AND DEATH					
PART II OTHER SIGNIFICANT CONDITIONS C Lsc	heuse	NOT RELATED TO THE TERMIN	1958	YES NO					
	RIBE HOW INJURY OCCURRE	Citier nature of injury in P	art t or Part. It of item 18)	, ,					
Hour o. m. White	NJURY OCCURRED 20e. PL/	CCE OF INJURY (Home, form, tary, street, office bldg, etc.	20f. (City or town)	(County) (Slote)					
21. I certify that I attended the decease	ed fram	, 1955, la	1/17 1959 that	I last saw the decease					
alive an									
PHYSICIAN'S DR. WEISMAN		Cumbe	land fleet						
220 BURIAL CREMATION, 22b. DATE THEREOF BURIAL Specify) Burial Jan. 21,1959	Rose Hill Co		22d. LOCATION (City, town, or count Curberland, 11d.						
23. FUNERAL DIRECTOR'S SIGNATURE Charles L. George, Cum	ADDRESS aberland, Md.	24a. REC'D	BY REGISTRAR 246 REGISTRAR S						





VS A15 (4) 15M 10/57 0

00058

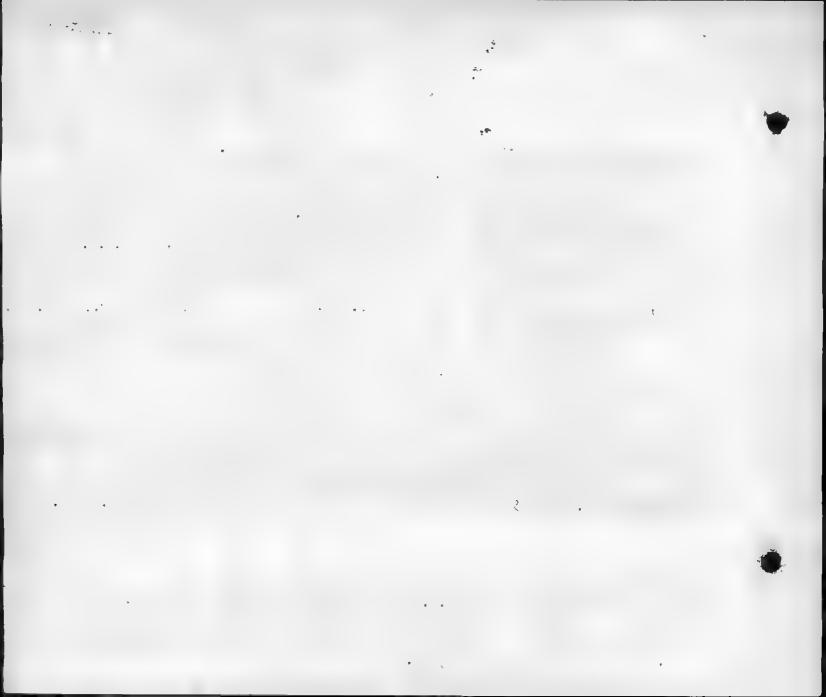
36 CERTIFICATE OF DEATH

Reg. !	Dies	Ma

	1. PLACE OF DEATH o. COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (W			before adm ssion)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland	12/18/58	1	outside corporate limits erland	s, write RURAL and giv	re nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give struction Allegany Count	~ 0.1	d. STREET ADDRESS 541	Arnette T	Perrace	. IS RESIDENCE ON A FARM YES NO
	3 NAME OF Errst DECEASED (Type or print) Estella	Middle	Middleton	4. DATE OF DEATH JAT	nuary 2	1, Yeor 59
	Female White wind	WED DIVORCED	8. DATE OF BIRTH 6/1/1878	80	atheless) to the second	YEAR IF UNDER 24 HRS oys Mours Min
	10a USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) HOUSEWITE	Ob. KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (STOR			S. A.
	Allan Teets		14. MOTHER'S MAIDEN Joann	a Green		
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes, give wor or dates of service)		NFORMANT P.O.B	ox 599 unty Infi	•	erland, Md.
	PART I. DEATH Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the under-	line for (a) 15) and (c).] Lekesse	nary W	upesta	gh.	INTERVAL BETWEEN ONSET AND DEATH
~	lying couse lost. (c)		ochrose	0		(c) 19. WAS AUTOPSY PERFORMED? YES NO D
	20c. TIME OF INJURY Month, Day, Year 20c. Hour o m. Wh	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for tory, street, office bldg., ex	m, 120f. (City or town)		unty) (Stote)
	21. I certify that I attended the dece alive on 1/21/59 15 ACTUAL SIGNATURE PHYSICIAN'S			PM, from the co	ouses and on the	st saw the deceased date stated above DATE SIGNED
	220 BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	aberland,	y, fown, or county)	(State)
	BEMOYAL (Specify) 1/24/59 23 FUNERAL DIRECTOR'S SIGNATURE	Greenmount Ce		Cumberland	d, Marylar	
	John J. Hafer, Cumber				1 Ilun & the	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No. EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY b. COUNTY files. Health. Allegany MARYLAND Maryalda Allegany b. CITY OR TOWN If outside corporate im is, write RUFAL c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland 0 - Cumberland 3 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO X 216 Decatur St. Sacred Heart Hospital 3, NAME OF 4. DATE Middle Lost Month Year DECEASED OF (Type or print) DEATH 19 Clara Ethel Miller 9 AGE (In years 5. SEX 6. COLOR OR RACE 7 MARRIED A NEVER MARRIED TO B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS feat berthday) Doys Months Hours Min. Female White WIDOWED [DIVORCED | LO YES 1918 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? Page I and during most of working life, even if retired) Silk business Maryland Cumberland. Laborer in coming Give Pages h form PM3. 13. FATHER'S NAME pages 14. MOTHER'S MAIDEN NAME Lillie Evans Richard Marston 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes on as unknown) (If yes, give war or dates of service) No. Mrs. Victor McCauley 417 Walnut St., Cumb. Md. 1B CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY: Maceration of Brain: Intracranial Hemorrhage 3 Days IMMEDIATE CAUSE (0) **DUE TO** Office Skull. Fracture 3 Days Conditions, If ony, which] gave rise to immediate couse **DUE TO** (e), stoling the underlying course lost. d "pending ledical Exor PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLLS, WAS AUTOPSY PERFORMED? NO [20g. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Idem 18.) Struck on Head with Blunt Instrument 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while of work Alleg. Cumberland Md. 2:00 xxx Jan. Home 21. I certify that I took charge of the remains described above, held on Autopsy (X), Inspection (X) Inquiry 10 and in my 2 2 ded ... opinion death resulted from: Notural causes [], Accident [], Suicide [], Homicide [A], Undetermined monner [DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 9 4 5 ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 1 January 4. 1959 NAME (Type) Benedict Skitarelic, M.D. 220. BUR AL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) Greenmount Cemetery Cumberland, Maryland 0 ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 240 REC'D BY REGISTRAR VS A15ME H. Wayne George Cumberland, Md. 5M 2 57



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4
may be retained by the haspital ar attending physician. O FUNERAL DIRE is After this certificate has been signed by the attending physician and completely filled in by the erral director, page 3 should be optached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shaws be filed with
the registrar prior to burial, cremotian, or removal, and in any event within 72 hours after death.

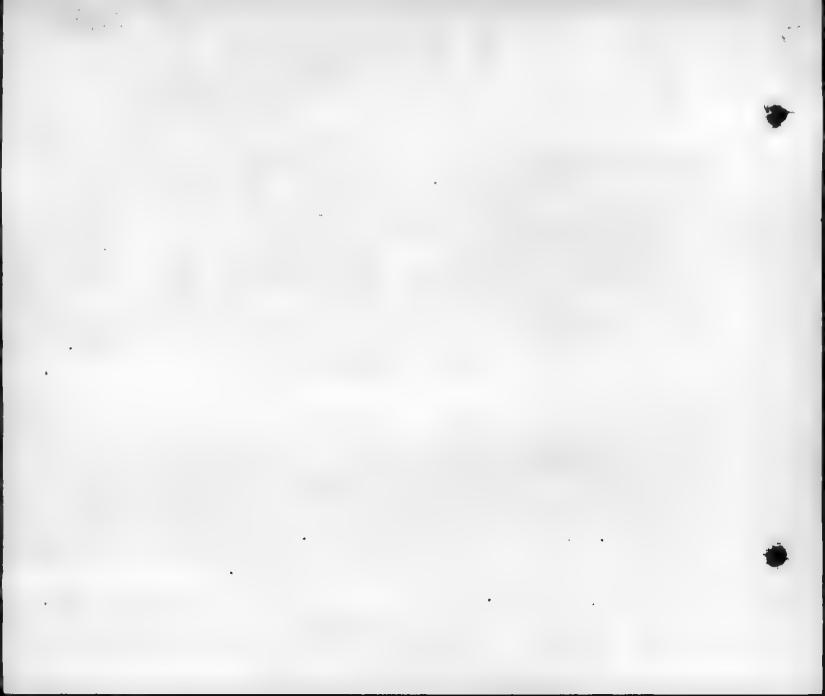
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00060

38 **CERTIFICATE OF DEATH**

									keg. Dist.	No.	
	PLACE OF DEATH				2. USUAL RESID	ENCE (Whe	re deceased lived		Residence t	efare admi	ision)
	Allegany		1000		Marvl	nd		b COUNTY	Aller	anv	
		outside corporate limits, s	write- c. LENGTH OF STAY	IN 1b			tside corporate li	imits, write RUR			/n}
	Gumbe	- 1	- Le Montri	£ 13	days 🧸	Cum	berland				
	OR INSTITUTION	AL (If not in hospitol, give	street address)		d STREET AD						SIDENCE A FARM2
_	Sacred H	eart Hospita	1		508 Co	lumbi	a Avenue	9			NO
3.	NAME OF DECEASED	First	Middle		Lost		4. DATE	Month		Day	Year
	(Type or print)	Anthony	F.		Molinar	i	OF DEATH	สลาน	arv	25	19 59
S. :	SEX	6 COLOR OR RACE 7.	MARRIED NEVER MARRI	ED 🔲 8	. DATE OF BIRTH		9. AC	GE (In years II	UNDER I Y		
	Male	willue	IDOWED DIVORCE	_	9-25-9		1 6	र्द्ध yrs ।	Months Do	ys Hours	Min.
10a	. USUAL OCCUPATIO during most of work	N (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS O	OR INDUST	RY 11. BIRTHPLA	CE (State a	r foreign country	}	12 CITIZE	N OF WHA	T COUNTRY
	Bar-Tend	er at Cadill	lac Lounge		M	arvla	nd		J	LS.A.	
13.	FATHER'S NAME				14. MOTHER'S A	MAIDEN NA	AME				
	Frank Mo		ceased)		Jos	ephin	e- sin	terri			
		IN U. S. ARMED FORCES If yes, give wor or doles of service	1)		FORMANT			Address	5		
	1,0		120-07-602.	3]	Pati	ent Is	Chart				
			per line for (a), (b), and (c)	-}						NTERVAL B	ETWEEN
	PART I DEAT	TH WAS CAUSED BY IMMEDIATE CAUSE (a)	Coronary Oc	വിവരാ	on					1 da.	DEATH
	420.1	DUE TO	0.01.01101.00							T WA	
	Conditions, if or	ry, which) (b)	Coronary He	art D	isease					2 wee	eks.
	gave rise to in couse (a), stating t	nmediate (-							
	lying cause last.	(c)_									
20	PART II. OTH		ONS CONTR BUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE CON	IDITION GIVEN	IN PART 16		
CAT	n	none									NO (7)
TIFIC	200 ACCIDENT WAS	S UNDERLYING 206	DESCRIBE HOW INJURY O	CCURRED.	(Enter nature of	injury in Po	art I or Port 11 of	item 18)			,
E CE	(IF EITHER, NOTIFY	S UNDERLYING D 200 D CAUSE OF DEATH MEDICAL EXAMINER]	none								
2	20c. TIME OF INJURY		20d. INJURY OCCURRED	20e. PLA	CE OF INJURY IN	ome, form,	20f. (City or to	wn)	{Cour	nty)	(State)
MEDI	Hour e, m, p. m,	none 19	While Nat while at work	TOCI	none	bidg., elc.)					
	21 I certify the	at Lattended the de	ceased from March	27.	10 58	to Jar	mary 25	10 59	that I Inc		
	alive on Jar	1. 25.	1952 and that	death	accurred at	3.27	Al from the		J1101 + 1051	alaka stat	deceased
			/	dediii i	accorred at_		DDRESS (Street, o				ATE SIGNED
	ACTUAL	1 Hacis	nan MA		p. 140 E			,,		1/26/	/KO
	SIGNATURE			M	D. 11147 1	<u> </u>	U 0 4 a			1/20/	27
	PHYSICIAN'S NAME (Type)	J.P Hallina	m.M.D/		7.1	in Rec	lford St	reet. (lumber	land.	Md.
720	BURIAL, CREMATION		22c NAME OF CEM	ETERY OR			2d LOCATION			(S10	
	REMOVAL (Specify)	Jan 20 1,	15) ot retr.	icas	Cemete			CT_CIR		44.44	,
3.	FUNERAL DIRECTOR'S		ADDRESS			24a. REC'D	BY REGISTRAR	24b REGISTR	AR'S SIGNA	TURE	
	Byron K	Ignt.	Cumberl	ر المدادة	md.	DATE JA	N 2 8 '59	art	Lun 8. 4	Trace	

TO HOSPITAL OR AT VS A15 (4) 15M 10/57



VS A15 (4) 15M 10/57

				1	
	4	-	1	4	5
		1	۲,	1	
,		ģ	-		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00061

CERTIFICATE OF DEATH 30

V	V	U	U

			J. E.L.							wall r	SCHILL LAGS.	
	PLACE OF DEATH D. COUNTY	Allegany		MARYLA	UND	2. USUAL RES	llary1		d lived. If institu	Y	ence before o	
	b. CITY OR TOWN (RURAL ond give n Cumberla		its, write	c LENGTH OF STAY IN	11Ь		town (if o		rote limits, write			
	d. NAME OF HOSPI OR INSTITUTION 115 Harr	ison St	live stree	t oddress)		/ d STREET /	ADDRESS larris	on St	• •		+ 1	S RESIDENCE ON A FARM? ES NO N
3.	NAME OF DECEASED	Fu	181	Middle		lo	st	4. DATE	М	onlh	Day	Yeor
	(Type or print)	Thom	nas	Franci	S	Moor	re	OF DEATH	-	m.	22.	19 59
5.	SEX	6 COLOR OR RACE	7. MAI	RIED NEVER MARRIED		. DATE OF BIRT	-	-	9. AGE (In year	IF UNDE		UNDER 24 HRS
	Male	White	WIDOV	VED DIVORCED		Jan. 23	3, 187	7	last birthday	Months	Days H	ours Min
100	 USUAL OCCUPATION during most of wor 	ON (Give kind of work a king life, even if retired	1	KIND OF BUSINESS OR	INDUST	TRY 11 BIRTHP	LACE (Stote	or foreign c	ountry)	12 C	ITIZEN OF V	VHAT COUNTRY
R	letired Me	king life, even if retired Chanic		B. & O. Rwy.		Cumb	perlan	d. Md			U. S.	A.
13.	FATHER'S NAME					14 MOTHER'S	MAIDEN N	AME	1			
	Pa	trick Moore				Br	ridget	Hefr	en			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16	. SOCIAL SECURITY NO	17 IN	FORMANT	0			dress		101
(10)	No y	(If yes, give wor or dates of s	errice)		Mrs	. Cathe	rine	Moore	115 Ha	rriso	n St.	Cumb.
			use per l	line for (a), (b), and (c).]	•						INTERV	AL BETWEEN
	PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE TO	1	Mraes	-gre-	er.					UNSET	AND GEATH
		DUE TO		1	0			-			-	
	Conditions, if a	nv. which)	. 1	un 2d		time 1	ace	10	angeley		77	marker n_
	gove rise to i	mmediate (0								
	couse (o), stating lying couse lost	the <u>under-</u> (c	}	Carlin	-0-	zel	عسهام	>			5	year
CATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	1 TUB H	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PA	P	WAS AUTOPSY ERFORMED?
FIC	200 ACCIDENT WA	AS LINIDERLYING CT	206 DE	COIRE HOW IN HIRV OCC	WB0F0	20-1			11 -7 24 - 10 4		YE	5 NO NO
L CERTIF	OR CONTRIBUTING	CAUSE OF DEATH	200. 00.	SCRIBE HOW INJURY OCC	UKKED.	. (cnier natur a c	a injury in P	ari i or ron	III or «rem IB)			
MEDICA	20c TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	While		le. PLAi facti	CE OF INJURY (ory, street, office	Home, farm, e bldg., etc.	20f. (City	or town)		(County)	(State)
	21. I certify th	at I attended the	decea	sed from DRC	15	19.5	= 10 T	د برم	1 19-5	Zthat I	Inst sow	the decease
	alive on			5 9, and that d				M from	the course	and on	the data	stated about
	1		/			00001100 01			reet, city or town		ille dole :	DATE SIGNE
	ACTUAL SIGNATURE	las	00	unet	м	10236	24.	les	Com	Lil	2.1	1/23/5
	PHYSICIAN'S NAME (Typs)	Clay E. Du	rret	t M. D.						(70	***	
220	BURIAL, CREMATIC	N. 22b DATE THEREO	F	22c. NAME OF CEMETE	RY OR	CREMATORY		22d LOCAT	ION (City, town	or county)		(State)
	REMOVAL (Specify)	1/24/59		S. S. Pet	er	& Paul!			erland.			
	FUNERAL DIRECTOR			ADDRESS				BY REGIST		ISTRAR'S S		
	Charles L	• George C	umbe	rland, Md.			DATE JA	N 2 6 '5	9 0	other &	Thous	
-							7-11					

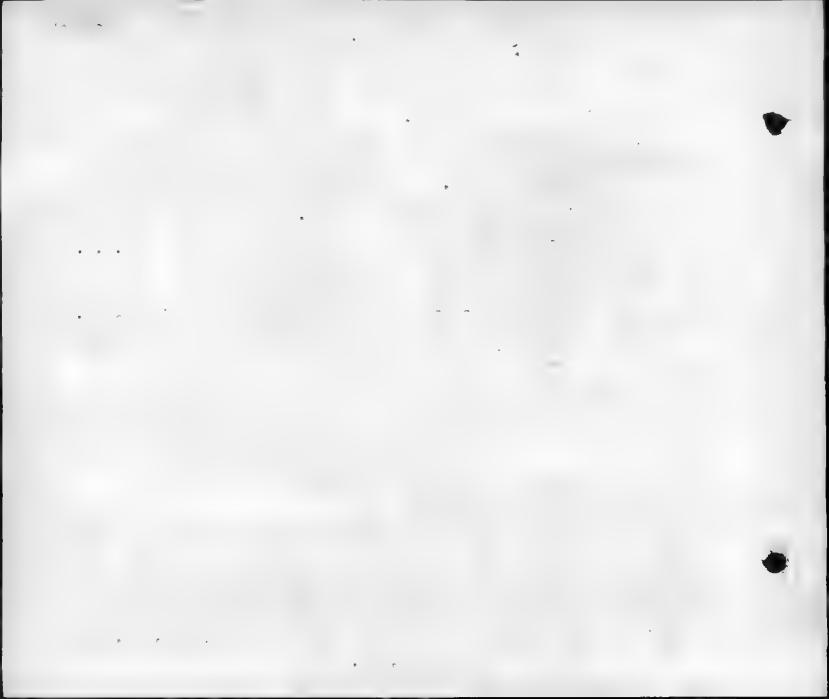


FOR STATE HEALTH DEPT

2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
r files.	ŀ	CITY OR TOWN
6554		
necess I div		Lonac I. NAME OF HOSPI
Boor Boor		Union
funercetoined State death.	3, 1	
dela del del del		NAME OF DECEASED (Type or print)
If any delay is in 3 to the funeral and be retained may be retained with the State B ins ofter death.	5. 9	
If any delay is 3 to the funeral may be retained with the State B wrs after death.		
thours after death. If we Pages 1, 2, and 3 to orm PM3. Page 5 may alle pages 1 and 2 will be pages 1 and 2 will be pages 2 to orm will be pages 2 to orm will be pages 3.	100	Male.
dea and and		lurian most of work
· · ·		Retir
Pages Proges Proges Proges Proges	13,	FATHER'S NAME
THOU BE A SECOND		Andre WAS DECEASED E
be executed within 24 hours off pencil in Item, 18. Give Pages 5. Office along with form PM3. srial-transit permit. File pages remayel, and in any event with	15. (Yes	. no, or unknown)
in 2. Girls for Fig. 7.		No
ten 18. long with permit.		18 CAUSE OF DE
it on		PART I. DE/
ste steeld be executed with ding" in pencil in them it Examiner's Office along dos a burial-transit permation, ar remaval, and it		420.1
E LOGGE		Conditions, if
d b		gave rise to imm (o), stating the
in i		couse fast.
rong xon	Z	PART II, O
rifficate shou Trending" i dical Examin e sted as a c cremation,	ATK	
dice dice	J.	20a. EXTERNAL CA
KAMINER: This certifical writing the word "per 1 to the Chief Medical is Page 3 shauld be wise prior to burial, creatly, and the control of t	MEDICAL CERTIFICATION	20g. EXTERNAL CAPRIMARY OF COCAUSE OF DEATH
T Pier P	3	20c. TIME OF INJU
# towe	50	Hour o.m.
writing the to the Chi prior to prior to	*	p. m.
CAA Wrii Po 1. Po		21. I certify i
iCAL EXA		opinion death
5		ACTUAL
The state of the s		SIGNATURE &
A Pe		EXAMINER'S
TO DEPUTY MEDICAL EXAMINER: This certificate should be exacuted within 24 hours after death. If any delay is necessory pleas execute the certificate, writing the word "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the funeral director Page 4 should be for the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained to it files. TO FUNERAL DIV. COR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boor. Inholit or its designated agent, prior to burial, cremation, ar remayal, and in any event within 72 hours after death.		NAME (Type)
Second Se	220	BURIAL CREMATI
0 8 4 0 9		Burial
VS A15ME	23	FUNERAL DIRECTO
5M 2/57		GHORGE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			Keg. Dist. 140.
PLACE OF DEATH		2. USUAL RESIDENCE (Where deceon	ed lived. If institution: Residence before admission)
o. COUNTY Allegany	MARYLAND	o STATE Maryland	b. countilegany
b. CITY OR TOWN [5] suitable corporate fimile wir to 8. and give negres fawn]	URAL C. LENGTH OF STAY IN 16		orate limits, write RURAL and a ve nearest town)
Longconing	66vrs.	Lonaconing	
d. NAME OF HOSPITAL OR INSTITUTION (IF		d. STREET ADDRESS	e IS RESIDEN
Union_Street		Union Str	ON A FARA
. NAME OF First	Middle	Last 4 DATE	Month Day Year
(Type or print) FLLSWORTH		OF	J49 2.5 19.5
		POT TON	9. AGE In years IF UNDER TYEAR IF UNDER 24 1-
	WIDOWED TO DUVORCED TO		lost birthday) Manths Days Hours Min.
Male White		April 3. 1892	66 yrs. 12, CITIZEN OF WHAT COUN
during mast at warking life, even it relired)		_	
Retired Coal Mi	100	Longeoning 14. MOTHER'S MAIDEN NAME	U.S.A.
4-3	-	*	
Andrew Morton 5. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17. IN	Jane Morton	
(Yes, no, or unknown)	rice)		Address
NO L		Robert Motton	Lonaconing, MD.
18 CAUSE OF DEATH [Enter only one course	per line for (a), (b), and (c)	10	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	(as An assa	Thymhos.	15 Sulden
420.1 DUE TO	000000	111 011111111111	7-24
Conditions is now a MAX			
gave rise to immediate couse			
(o), stoting the underlying DUE TO			
coure fast. (c)			
PART II, OTHER SIGNIFICANT CONDIT	TONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? YES NO
PART II, OTHER SIGNIFICANT CONDITION 20g. EXTERNAL CAUSE YVAS PRIMARY 0 or CONTRIBUTING 20b. CAUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED (E	nter noture of injury in Port I or Port II (of item 18)
	20d. INJURY OCCURRED 20m. PLAC	CE OF INJURY (Home, farm, 20) (City	or town) (County) (State
Hour o.m.	While Not while facto	iry, street, affice bldg., etc.)	or town) (County) (State
	ot work at work		
21. I certify that I took charge of	if the remoins described obov	ve, held on Autopsy [], In	spection 🔲, Inquiry 🔀, and in i
opinion death resulted from: No	nturol couses 💢 . Accident 🛭	, Suicide , Homicide	
1, 9 50	4 4		
SIGNATURE W.C.	e fane	M D CHIEF MEDICAL EXAMINER	DATE SIGNED
1145		ASSISTANT MEDICAL EXAMINER	The Cartes
EXAMINER'S NAME (Type) UOM	Lane mor	DEPUTY MEDICAL EXAMINER D	the second and a second a
20. BURIAL CREMATION, 276 DATE THERE OF	22c. NAME OF CEMETERY OR	CREMATORY 22d LOCAT	ION (City, tawn, or equally) (State)
Burial 1/29/19		emetery Long	aconing. MD.
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	246 REC'D BY REGISTR	AR 246. REGISTRAR'S SIGNATURE
CHORGE EICHHORN	LONACON ING. M	D • IAN 3 0 '59	C +1 10 0 40



Rea. Dist. No.

		100.
,	1. PLACE OF DEATH O. COUNTY Allegany MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o STATE Maryland b. COUNTY Willed
,	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b sural ond givenegres town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
's	d NAME OF HOSPITAL (If not in hospital, give street address) OPINSTITUTION OF AGAINSTITUTION OF AGAINS	d STREET ADDRESS of STREET ADDRESS ves on A FARM? ves on No Experimental Self.
	3 NAME OF DECEASED (Type or print) Servetto Middle	Parlandy DEATH Jan 3-6, 1959
)	Fernale While WIDOWED DIVORCED .	Seld 27 1872 Seld yes. IF UNDER I YEAR IF UNDER 24 HRS both birthdoys wonths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life even if retired)	Mil Savege M. R. 11. SA.
	Thomas malloy	Ellen Lagadon.
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. IN (Yestings, or unknown) (If yes, give way or doles of service)	ro. Mice Schellines Cumb 147
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: **IMMEDIATE CAUSE (o) **IMMEDIATE (o) **IMM	nal failer Interval BETWEEN ONSET AND DEATH
	Conditions, if ony, which) By Clife &	elevosio adartinto
	gove rise to immediate couse (a), stating the under- lying couse lost (c)	
O	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS ALTOPSY PERFORMED? YES NO
		(Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. fNJURY OCCURRED Both foct While Not white of work of work /	CE OF INJURY (Home, form, 20f (City or town) (County) (State) fory, street, office bldg , etc.)
	21. I certify that I attended the deceased from July and that death	occurred at 150 M, from the causes and an the date stated above.
	ACTUAL SOLD SOLD SOLD SOLD SOLD SOLD SOLD SOL	ADDRESS [Street, city or lown, stole] DATE SIGNED
î	PHYSICIAN'S PARISHELL PHYSICIAN'S PARISHELL PROPERTY OF THE PHYSICIAN'S PARISHELL PROPERTY PARISHELL PROPERT) .
	220 RUPIAL, CREMATION, 22b. DATE THEREOF 22/ NAME OF CTMETERY OR DUTY OF Patricks	CREMATORY 22d LOCATION (City, town, or county) (Stote)
	23 FUNERAL DIRECTOR'S SUBNATURE ADDRESS	DATE JAN 2 6 '59 Color & Teach

uneral director, ad be filed with ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 be the hospital or altending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by efacthed far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO FUNERAL DIRP page 3 shauld the registrar prior TO HOSPITAL OR VS A15 (4) 15M 9/SS

	41	CERTIFIC	ATE OF DEAT	Н	Reg. Dist	. No.
). PLACE OF DEATH o. COUNTY	ALLEGANY	MARYLAND	2. USUAL RESIDENCE (WO. STATE		OUNTY	before admission)
RURAL and give n	If autside carporate limits, write corest town) BRIAND	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	autside corporate limits RLAND		
OR INSTITUTION	TAL (If not in haspital, give street SACRED HEART		d. STREET ADDRESS	STREET		e IS RESIDENCE ON A FARM? YES NO
J. NAME OF DECEASED (Type or print)	First JONAS	Middle	IERO TELES	4. DATE OF	Month JAN. 15,-5	Doy Yeor
5. SEX MALE	6 COLOR OR RACE 7. MAR WIDOW	T	Mar. 5 188	3? 76 ?		YEAR F UNDER 24 HR Days Hours Min
Sellered)	ON (Give kind of work done 10b king life) with if rewred) HTT (WILL	andwelen	USTRY II. BIRTHPLACE (SIGN VIRGI		12 CITIZ	U.S.A.
Stap Father's name	er John B	riles	14. MOTHER'S MAIDEN	NAME ()	nlenon.	>L.\
15 WAS DECEASEDEVE	R IN U & ARMED FORCES? 16	30CIAL SECURITY NO 17.	STEP SON ROLA	ND (Address Le.	me
1	ATH [Enter only one couse per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (0), (b), and (c)]	Verybruly	Fuller	٤	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if o		nyocardin	Jahre :	Februis		? ?
gover rise to i couse (a), stating lying couse lost.		Barreny.	draffere	my (a	uti)	1/7/59
PART H. OTI	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELASED TO THE TERM	- Pulm	ION GIVEN IN PART	1(a) 19 WAS AUTOPS PERFORMED? YES NO
	AS UNDERLYING 206. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED (Enter nature of injury in	Part I or Part II of Herr	18.1	
ZOc. TIME OF INJUR Haur a.m. p. m.	Y Month, Doy, Year 20d, 1 19 Utile 19 Of wor	Nat while for	LACE OF INJURY (Home, fore actory, street, office bldg., et	m. 20f. (City or tawn)	(Co	ounty) (Stat
21. I certify the	nat I attended the deceas		J 7, 1957, to h accurred at 8.50			ist saw the decea
ACTUAL SIGNATURE	In who fore	france		ADDRESS (Street, city of	or town, state)	DATE SIGN
PHYSICIAMS NAME (Type)	Samuel Jacobson	n. M.D.	,	BERLA		m S
220 BURIAL, CREMATION OF AND ALLES		22c. NAME OF CEMETERY		22d LOCATION (City		(State)
23. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS	240. REC	D BY REGISTRAR 24	B REGISTRAR'S SIGN	NATURE

peral director, be filed with death" Page 4 may be retained by the hospital ar attending physician.

TO FULLERAL DIRE R. After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be reflaceded for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shows the registrar prior to burial, crematian, as manal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 10/57



may be retained by the haspital or attending physician.

• FUNERAL DIRE

R: After this certificate has been signed by the attending physician and completely filled in by the page 3 shauld be relached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 show the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

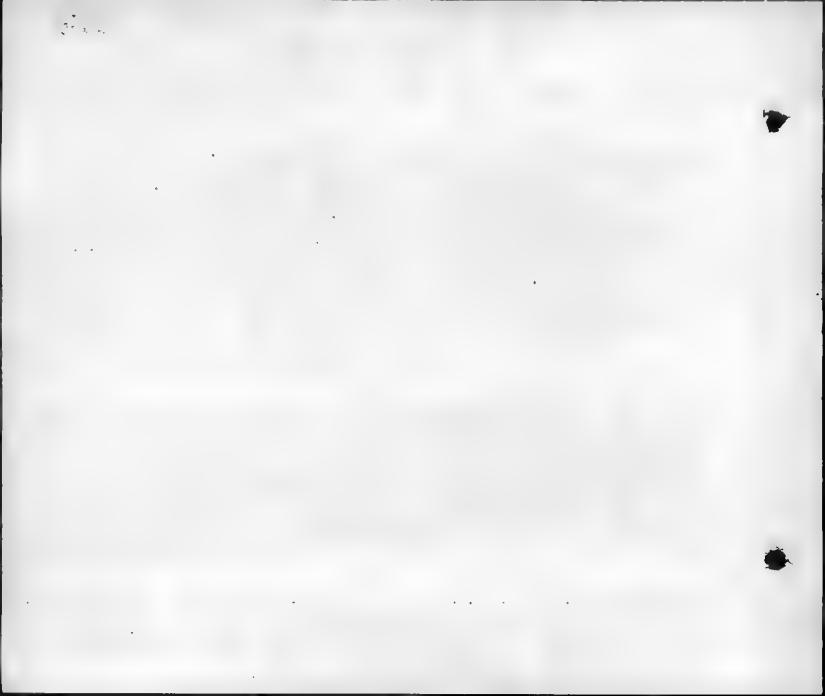
TO FUNERAL DIRE

VS A15 (4) 15M 10/57

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

			42	CERTIFICA	ATE OF DEATH	1		Reg. Dist. N	lo.
1, (PLACE OF DEATH 1. COUNTY	Allegany		MARYLAND	2 USUAL RESIDENCE (Who o. STATE	ere deceased in	b. COUNTY		fore admission)
Ŀ	CITY OR TOWN (If RURAL and give need	outs'de carporote limits		LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or				
	NAME OF HOSPITA	imberland il (if not in hospital, gi	ve street oddra	ess]	d STREET ADDRESS	rland			e. IS RESIDEN
	OR INSTITUTION	acred Hear			/	rles St	_		ON A FAR
ſ	NAME OF DECEASED	First	1	Middle	Lost	4. DATE OF	Month		Day Year
-	Type or print)		mes		Nelson	DEATH	Jan	30	19
\$ 5	EX			NEVER MARRIED	B DATE OF BIRTH		lost birthday)	FUNDER 1 YEA Months Days	Hours N
30.	Male	1/52 (WIDOWED		Mar. 31, 18		68 yrs [
TUG.	during most of works	N (Give kind at work di ng life, even if retired) 	ane 10b KIND	O OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slove of		lry}		OF WHAT COL
13 1	FATHER'S NAME	,1	105//	4 SPEINSTE		ryland.		I U.	S.A.
# (Jr. 1	MINER 3 HAWKE		/	1Cd 3'	14 MOTHER'S MAIDEN N	AME			
		John E.	Nelson		Rosa	Crowe			
15		IN U. S. ARMED FORC		IAL SECURITY NO 17 I	NFORMANT		223 Addres	h and	e 3 87.
47.03.	4	f yes, give war or dates of ser	71./	16-Dec.	mar Tol W	/	4 4 3		1 12
	NO		214	-03-7674	TRS. VChN KE	60	Su meis	V 1AN	
	IR CAUSE OF DEAT	'H {Enter only one cau	un one line for	e feet that a call test t				IIN	TERVAL BETWE
			se per une rui	Jos. for and fer.	1' "				JEET AND DEA
	PART I. DEAT	H WAS CAUSED BY-	Co	And when	Azelusion			01	NSET AND DEA
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	C	go, tot, and tot	becknown		<u>.</u>	01	NSET AND DEA
	PART 1. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	C	And wary	becknown		<u> </u>	01	NSET AND DEA
	PART I. DEAT 4.30./ Canditions, if an	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which)	C	And word	beckusion			Of	NSET AND DEA
	PART I. DEAT 4.20. Canditians, if an gave rise to im	H WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO y, which mediate DUE TO	C	by nory	Bedusin			01	NSET AND DEA
	PART I. DEAT 4.30./ Canditions, if an	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which (b). Imediate Due TO Due TO	C	lang nary	Occusion			OP	NSET AND DEA
Z	PART I. DEAT 40. Canditians, if an gave rise to im cause (a), stating the lying cause last.	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which (b). mediate the under- (c).	C	longnory	Acclusion			01	NSET AND DEA
CATION	PART I. DEAT 40. Canditians, if an gave rise to im cause (a), stating the lying cause last.	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which (b). mediate the under- (c).	DITIONS CONT	RIBUTING TO DEATH BUT	Declination NOT RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIVEN	01	19 WAS AUTO
ERTIFICATION	PART I. DEAT 4.20. Canditians, if an gave rise to im cause (a), stating II lying cause last. PART II. OTHI	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under: CR SIGNIFICANT COND CR SIGNIFICANT COND UNDERLYING 1 CAUSE OF DEATH	DITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN			01	IN WAS AUTO
CERTIF	PART I. DEAT 4.20. Canditians, if an gave rise to im couse (a), storing 11 lying cause last. PART II. OTHI 20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A)	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under: R SIGNIFICANT COND CONDENSITY OF DEATH AEDICAL EXAMINER)	DITIONS CONT	RIBUTING TO DEATH BUT				01	19 WAS AUTO
CERTIF	PART I. DEAT 4.20. Canditians, if an gave rise to im cause (a), stoting to lying cause last. PART II. OTHI 20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A) 20c. TIME OF INJURY	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under: CR SIGNIFICANT COND CR SIGNIFICANT COND UNDERLYING 1 CAUSE OF DEATH	DITIONS CONT CONT	RIBUTING TO DEATH BUT HOW INJURY OCCURRED Y OCCURRED 20e. PL	D (Enter nature of injury in P	art I ar Port II	af item 1B)	01	19 WAS AUTO PERFORMET YES NO
CERTIF	PART I. DEAT 4.20. Canditians, if an gave rise to im cause (a), stating to lying cause last. PART II. OTHI 20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A Hour a. m.	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under: R SIGNIFICANT COND CONDENSITY OF DEATH AEDICAL EXAMINER)	DITIONS CONT 206. DESCRIBE	RIBUTING TO DEATH BUT HOW INJURY OCCURRE Y OCCURRED Y OCCURRED	D {Enter nature of injury in P	art I ar Port II	af item 1B)	N IN PART 1(o)	19 WAS AUTO PERFORMET YES NO
1 CERTIF	PART I. DEAT 4.20. Canditians, if an gave rise to im cause (a), stoting to lying cause last. PART II. OTHI 20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A) 20c. TIME OF INJURY	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under ER SIGNIFICANT COND LUNDERLYING CAUSE OF DEATH AEDICAL EXAMINER) Month, Day, Yeor	DITIONS CONT CONT	RIBUTING TO DEATH BUT HOW INJURY OCCURRE Y OCCURRED Y OCCURRED	D (Enter nature of injury in P ACE OF INJURY (Name, farm, clary, street, affice bldg, etc.)	20f. (City or	af item 1B)	N IN PART 1(o)	19 WAS AUTO PERFORMET YES NO
MEDICAL CERTIF	PART I. DEAT 4.20. Canditians, if an gave rise to im couse (o), storing II lying cause lost. PART II. OTHI 20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A LOUR CO. TIME OF INJURY Hour a. m., p. m.	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under ER SIGNIFICANT COND LUNDERLYING CAUSE OF DEATH AEDICAL EXAMINER) Month, Day, Yeor	DITIONS CONT 20b. DESCRIBE 20d. INJUR While at work	RIBUTING TO DEATH BUT HOW INJURY OCCURRED Y OCCURRED Not white of wark	D (Enter nature of injury in P	art I ar Port II	af (tem 1B)	N IN PART 1(o)	19 WAS AUTO PERFORMET YES NO
MEDICAL CERTIF	PART I. DEAT 4 20. Canditians, if an gave rise to im couse (a), storing 11 lying cause last. PART II. OTHI 20a ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY A Hour a. m. p. m. 21. I certify the	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under: R SIGNIFICANT COND UNDERLYING (a). UNDERLYING (C). CAUSE OF DEATH AEDICAL EXAMINER) Manth, Day, Yeor	DITIONS CONT 20b. DESCRIBE 20d. INJUR While at work	RIBUTING TO DEATH BUT HOW INJURY OCCURRED Y OCCURRED Y OCCURRED for of wark ''/ 'ram. ''/ ''/	D (Enter nature of injury in PACE OF INJURY (Name, farm, clary, street, affice bldg, etc.)	20f. (City or	af riem 18) tawn)	N IN PART 1(o) (County	19 WAS AUTO PERFORMEL YES NO
MEDICAL CERTIF	PART I. DEAT 4.20. Canditians, if an gave rise to im couse (o), storing II lying cause lost. PART II. OTHI 20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A LOUR CO. TIME OF INJURY Hour a. m., p. m.	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under: R SIGNIFICANT COND UNDERLYING (a). UNDERLYING (C). CAUSE OF DEATH AEDICAL EXAMINER) Manth, Day, Yeor	DITIONS CONT 20b. DESCRIBE 20d. INJUR While at work	RIBUTING TO DEATH BUT HOW INJURY OCCURRED Y OCCURRED Y OCCURRED for of wark ''/ 'ram. ''/ ''/	D (Enter nature of injury in PACE OF INJURY (Name, form, street, office bldg, etc.)	20f. (City or	town)	(County) that I last:	19 WAS AUTO PERFORMEL YES NO
MEDICAL CERTIF	PART I. DEAT 4 20. Canditians, if an gave rise to im couse (a), storing 11 lying cause last. PART II. OTHI 20a ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY A Hour a. m. p. m. 21. I certify the alive an	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under: R SIGNIFICANT COND UNDERLYING (a). UNDERLYING (C). CAUSE OF DEATH AEDICAL EXAMINER) Manth, Day, Yeor	DITIONS CONT 20b. DESCRIBE 20d. INJUR While at work	RIBUTING TO DEATH BUT HOW INJURY OCCURRED Y OCCURRED Y OCCURRED for of wark ''/ 'ram. ''/ ''/	D (Enter nature of injury in PACE OF INJURY (Name, form, street, office bldg, etc.)	20f. (City or	af riem 18) tawn)	(County) that I last:	19 WAS AUTO PERFORMEL YES NO
MEDICAL CERTIF	PART I. DEAT 4 20. Canditians, if an gave rise to im couse (a), storing 11 lying cause last. PART II. OTHI 20a ACCIDENT WAS OR CONTRIBUTING [IF EITHER, NOTIFY A Hour a. m. p. m. 21. I certify the	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under: R SIGNIFICANT COND UNDERLYING (a). UNDERLYING (CAUSE OF DEATH AEDICAL EXAMINER) Manth, Day, Year	DITIONS CONT 20b. DESCRIBE 20d. INJUR While at work	RIBUTING TO DEATH BUT HOW INJURY OCCURRED Y OCCURRED Y OCCURRED for of wark ''/ 'ram. ''/ ''/	D (Enter nature of injury in PACE OF INJURY (Name, form, street, office bldg, etc.)	20f. (City or	town)	(County) that I last:	19 WAS AUTO PERFORMEL YES NO
MEDICAL CERTIF	PART I. DEAT 4 0 0 Canditians, if an gave rise to im couse (a), storing 11 lying cause last. PART II. OTHI 20a ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A Hour a. m. p. m. 21. I certify the alive an	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under: R SIGNIFICANT COND UNDERLYING (a). UNDERLYING (CAUSE OF DEATH AEDICAL EXAMINER) Manth, Day, Year	DITIONS CONT 20b. DESCRIBE 20d. INJUR While at work	RIBUTING TO DEATH BUT HOW INJURY OCCURRED Y OCCURRED Y OCCURRED for of wark ''/ 'ram. ''/ ''/	D (Enter nature of injury in PACE OF INJURY (Name, form, street, office bldg, etc.)	20f. (City or	town)	(County) that I last:	19 WAS AUTO PERFORMEL YES NO
MEDICAL CERTIF	PART I. DEAT 400. Canditians, if an gave rise to im couse (a), stoting to lying couse lost. PART II. OTHI 200. ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour a.m., p. m. 21. I certify the alive on	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under: CI CAUSE OF DEATH AEDICAL EXAMINER) Month, Doy, Yeor 19 If oftended the cause of the cause	20d. INJUR While at work of	RIBUTING TO DEATH BUT HOW INJURY OCCURRED Y OCCURRED Y OCCURRED for of wark ''/ 'ram. ''/ ''/	D (Enter nature of injury in P. ACE OF INJURY (Name, farm, clary, street, office bldg, etc.) 19 4, to accurred at	20f. (City or	tawn) 194 7/., he causes an	(County) that I last:	19 WAS AUTO PERFORMET YES NO
MEDICAL CERTIF	PART I. DEAT 4 20. Canditians, if an gave rise to im couse (a), storing II lying cause last. PART II. OTHI 20g ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A law of a.m., p. m. 21. I certify the alive an actual signature Physician's NAME (Type) BURIAL, CREMAT ON	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under: Cause of Due to UNDERLYING (a). CAUSE OF DEATH AEDICAL EXAMINER) Manth, Day, Year 19 of ettended the cause of Death AEDICAL EXAMINER)	DITIONS CONT 20d. INJUR While at work 4 C C C C C C C C C C C C C C C C C C	RIBUTING TO DEATH BUT HOW INJURY OCCURRED Y OCCURRED Not white of work Tram. and that death	D (Enter nature of injury in PACE OF INJURY (Name, farm, clary, street, office bldg, etc.) 19 , to accurred at	20f. (City or 30 M, from the ADDRESS (Street	tawn) 194 7/., he causes an	(County that I last: d an the dote)	19 WAS AUTO PERFORMELYES NO
MEDICAL CERTIF	PART I. DEAT 4 20. Canditians, if an gave rise to im couse (o), stoting II lying cause lost. PAST II. OTHI 20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A 20c. TIME OF INJURY Hour a.m., p.m. 21. I certify the clive on	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO y, which he under: Cause of Due to UNDERLYING (a). CAUSE OF DEATH AEDICAL EXAMINER) Manth, Day, Year 19 of ettended the cause of Death AEDICAL EXAMINER)	DITIONS CONT 20d. INJUR While at work 4 C C C C C C C C C C C C C C C C C C	RIBUTING TO DEATH BUT HOW INJURY OCCURRED Y OCCURRED Not white of wark and that death D. NAME OF CEMETERY O	D (Enter nature of injury in PACE OF INJURY (Name, form, street, office bldg, etc.) 19	20f. (City or 30 M, from the ADDRESS (Street	tawn) 1947, he causes an t, city or town, sta	(County)	19 WAS AUTO PERFORMET YES NO
MEDICAL CERTIF	PART I. DEAT 4 20. Canditians, if an gave rise to im couse (a), storing il lying cause last. PART II. OTHI 20a ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A Hour a. m., p. m. 21. I certify the alive an actual signature PHYSICIAN'S NAME (Type) BURIAL, CREMAT ON REMOVAL (Specify)	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Y, which to the under. R SIGNIFICANT COND CC. R SIGNIFICANT COND CAUSE OF DEATH AEDICAL EXAMINER) Month, Doy, Yeor 19 St dittended the cond AEDICAL EXAMINER AEDIC	DITIONS CONT 20d. INJUR While at work 4 C C C C C C C C C C C C C C C C C C	RIBUTING TO DEATH BUT HOW INJURY OCCURRED Y OCCURRED Y OCCURRED To at wark To and that death D. NAME OF CEMETERY O	D (Enter nature of injury in PACE OF INJURY (Name, form, clary, street, office bldg, etc.) 19 4, to accurred at 4 M.D. 156 N. C. R CREMATORY	20f. (City or	town) town) he causes and, city or town, statetet (City, Jown, or	(County)	19 WAS AUTO PERFORMEL YES NO
MEDICAL CERTIF	PART I. DEAT 4 20. Canditians, if an gave rise to im couse (a), storing II lying cause last. PART II. OTHI 20g ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A law of a.m., p. m. 21. I certify the alive an actual signature Physician's NAME (Type) BURIAL, CREMAT ON	H WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO Y, which to the under. R SIGNIFICANT COND CC. R SIGNIFICANT COND CAUSE OF DEATH AEDICAL EXAMINER) Month, Doy, Yeor 19 St dittended the cond AEDICAL EXAMINER AEDIC	DITIONS CONT 20d. INJUR While at work 4 C C C C C C C C C C C C C C C C C C	RIBUTING TO DEATH BUT HOW INJURY OCCURRED Y OCCURRED Not white of wark and that death D. NAME OF CEMETERY O	D (Enter nature of injury in PACE OF INJURY (Name, form, clary, street, office bldg, etc.) 19 4, to accurred at 4 M.D. 156 N. C. R CREMATORY	20f. (City or 30 M, from the ADDRESS (Street	town) town) he causes and, city or town, statetet (City, Jown, or	(County)	19 WAS AUTO PERFORMEL YES NO



15M 10/57

Rea, Dist. No. ALLEGANY e IS RESIDENCE ON A FARM? YES NO T Yeor Jan. 19 59 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12 CITIZEN OF WHAT COUNTRY U.S.A. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES NO F (County) (Stote) that I last saw the deceased (Stote) 24b REGISTRAR'S SIGNATURE



W1 -//			MAF	RYLAND	STATE DEP	ARTM	ENT OF I	HEALTI	H-BAL	TIMORE, 1	8	0.0	A C	de	
7		Item	3, Film			IFIC/	TE OF	DEATI	4			Ut	Ano.	1	
ge 44 with	=	PLACE OF DEATH	7,	11	1/26/59	TCY						ist. No.			
Page directo led wit	1	o. COUNTY		3.3	61.41	RYLAND	o. STATE	IDENCE (W	here decease	d lived If institution b. COUNTY	on Reside	nce befo	re odm ssi	on)	
E = 12 mm	<u> </u>		Llegany	\$224					land			lega			
the seath	'	b. CITY OR TOWN (IF RURAL and give no	arest town)	i limits, write	c. LENGTH OF STA	YIN IB	c. CITY OR	TOWN (If	outside corpo	orale limits, write R	URAL ond	give nec	irest town)	
5 2 3	ļ	Cumber	land		60 yr	S.	02		erla	n d					
offi ske		OR INSTITUTION		loi, give stree	f oddress)		d. STREET						e. IS RESI	DENCE FARM?	
ad in			<u>rginia</u>	Ave.				124	Virg:	inia Ave	2			NO 🔯	
Pd i		NAME OF DECEASED		First	Midd	100	Lo		4. DATE OF	Mon	th	Da	у Т	еог	
\$ E E	<u> </u>	(Type or print)	Jo		Paul		ewarne	r	DEATH	Ja	ın.			959	
#	\$. :	_	6. COLOR OR RA	ACE 7 MAI	RRIED X NEVER MAR	RIED 🔲	B. DATE OF BIRT			9. AGE (In years lost birthday)	Months	R 1 YEAR	IF UNDE		
9 4 H		Male	White	WIDOV		Towns 1	Nov.16	5 , 1 88	2	76 yrs.	MONTH	Doys	Hours	Min	
The second second	10a	 USUAL OCCUPATION during most of working 	N (Give kind of w ing life, even if re	rork done 10b tired)	. KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHP	LACE (Stote	or foreign o	ountry)	12 C	TIZEN O	F WHAT	COUNTRY	
A Pure		Conduct	cor		Railroad		Broa	adway	, Va.	•		US	SA		
fer fer	13.	FATHER'S NAME	e e				14. MOTHER'	S MAIDEN I	NAME						
sicre re c		William	C. Nie	ewarn	er		Eng	na Ri	nehai	ct					
phy imo hou	₹S. (Yes	WAS DECEASED EVER	IN U. S. ARMED	FORCES? 16	SOCIAL SECURITY N	O. 17. H	FORMANT			Addr	ess				
ing 72		no		7	05-03-8689	9 P	aul C.	Nice	warne	er, Cumbe	erla	nd.N	ld.		
end leon ithin		18. CAUSE OF DEAT	TH [Enter only or	ne couse per	line for (o), (b), and (c							INTE	RVAL BET	WEEN	
P HOW		PART I, DEAT	TH WAS CAUSED I	BY SE {o}	The	ece-	nen	a				ONS	ET AND	DEATH	
the The		450,0		E TO	0-			,							
i the		Conditions, if an		(b)	reler	~~	cler		<u>S</u>			1 5	5	u	
nired poern in a		gove rise to im couse (a), stating the		ETO	7			^	0	_ .	-	_			
require ion.		lying couse lost.)	{c}	aren	402	ed of	5 0	1200	Lant	_	1	8-	ee-	
sici	Ž O	PART II. OTH	ER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV					
phy phy iot	CATION												PERFOI	MED?	
F. T. Ten	68.	200 ACCIDENT WAS	UNDERLYING	20b. DE	SCRIBE HOW INJURY	OCCURRED	(Enter noture	of injury in I	Port 1 or Por	1 II of item 18)					
ifica fica fica fica	CERT.	(IF EITHER, NOTIFY A	MEDICAL EXAMIN	ER)											
r att	MEDICA1	20c TIME OF INJURY	Month, Day,		INJURY OCCURRED	20e. PLA	CE OF INJURY	(Home, form	, 20f. (City	or town}	-	(County)		(Stote)	
PH. Signature of the si	MEC	Hour o.m.		19 of we	Not while	100	iory, sireer, ornic	e blog., etc.							
or for a		21. I certify the	at Lattended	the decen	sed from . See	in	, 19 <u>.5</u> T	710	lan	19, 1959	Zab. a 1	1	. 11		
A Aff		alive an	en - 18	10.	- FA			. / /		n the causes a					
## ## DO		0	20	1	- dig illo	dedin	occorred di		,/VI, TEQII ADDRESS (S	reet, city or town,	na on I state)	the dat	e state	d above. Te signed	
A 3		ACTUAL	Cla	4).	Journs	7-	236	11.	Call	12	· l	الا	1/2	5	
Para				1			n.D					-			
TAI Particular		PHYSICIAN'S NAME (Type) []	Lay E. I	Durre	tt 236 Vi	rgin	nia Ave	: Cu	mberl	Land 'd.					
DSP DE DE DSP DSP DSP DSP DSP DSP DSP DSP DSP DSP	220.	BUR AL, CREMATION			22c. NAME OF CEA		*			TION (City, town, o			(State		
FU Soge	1	REMOVAL (Specify) Burial	1-22-	59	Terra			tons	Ter		187	7770	farore		
5 5 4		FUNERAL DIRECTOR'S		00	ADDRESS	ميار لاقي	- Achie.		D BY REGIST		TRAR'S SI	GNATUR	E		
VS A15 (4) 1\$M 10/57		James F.	Scarpe	11i,0	umberlan	d. M	d.		2 3 '59		M7 8.				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE JAN 2 0 '59

e 15 RESIDENCE

Hours

INTERVAL DETWEEN ONSET AND DEATH

al ou

PERFORMED? YESU NO [

(Slole)

DATE SIGNED

(Stote)

ON A FARM?

YES NO P

Year

19 59

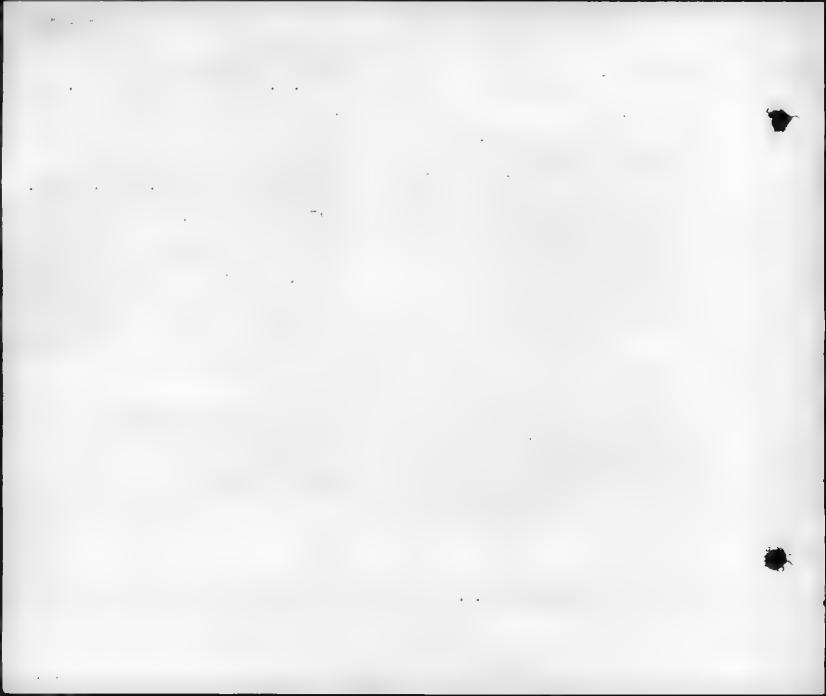
Rea. Dist. No.

Days

USA

(County)

VS A15 (4) 1SM 10/57



61

ARYLAND S	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
-----------	------------------	----------------------	----

00060

	79	CERTIFICA	ATE OF DEATH	ı	Reg. Dist. No.
1. PLACE OF DEATH 6. COUNTY A1:	legany	MARYLAND	o. STATE Maryland	ere deceased lived. If institution b. COUNTY	on Residence before admission) Allegany
RURAL ond give ne	outside corporate limits, write arest town)	c. LENGTH OF STAY IN 16		utside corporote limits, write R	URAL and give nearest town)
d. NAME OF HOSPITA OR INSTITUTION Mine:	AL (If not in hospital, give street RA Hospital	oddress}	d. STREET ADDRESS Dudley	Street	e. IS RESIDENCE ON A FARM? YES NO 🔀
3. NAME OF DECEASED (Type or print)	First JAMES	Middle F.	QUINN	4. DATE Mon OF DEATH Janua	
5. SEX Male	6 COLOR OR RACE 7. MARR	ED 🔼 DIVORCED 🗌	B. DATE OF BIRTH 1/10/1873	9. AGE (In years last birthdoy) 86 yrs	Months Days Hours M.n
Retire	N (Give kind of work done 10b. ing life, even if retired) 1 Postmasber	KIND OF BUSINESS OR INDU	Johnstow	n, PA.	U.S.A.
	ames Quinn	SOCIAL SECURITY NO. 177	Sarah Mu	•	race.
NO NO	If yes, give war or dates at service)		Edward Moon	ey. Lomacon	ing, MD.
		ne for (o), (b), and (c).]	Edence Heart	-lune	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
lying couse lost.	he under DUE TO	tariosclar	0315)	years
CATIC	ER SIGNIFICANT CONDITIONS C				YEN IN PART 1(0) TO WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in F	ort I or Port II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. It While of world	Not white fo	ACE OF INJURY (Mome, form, iclory, street, office bldg., etc.	20f. (Cily or lown)	(County) (State)
21. I certify the alive an ACTUAL SIGNATURE	at I attended the deceas				(,that I last saw the deceased and an the date stated above store) DATE SIGNED 9 . 59
PHYSICIAN'S LE	ESLIE R. I	WILES UR	LONAC	ONING	MD.

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)
Bueial 1/21/19 Bueial 1/2
23. FUNERAL DIRECTOR'S SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

22d LOCATION (City, lown, or county) (Stole)

St. Marys

24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

GEORGE EICHHORN LONACONING, MD DATE NAN 21 '59

VS A15 (4) 15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea, Dist No. EALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) e. COLNTY les. leafth, BARRIO L CITY OR TOWN IF c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carperote limits, write RURAL and give neorest Jown) pad aive negrest fawe d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middie First. DATE DECEASED (Type or print) DEATH 6 COLOR OR RACE 5. SEX AGE Itn years IF UNDER LYEAR IF UNDER 24 HRS MARRIED NEVER MARRIED X last birthday) Months Days Haurs Min WIDOWED [7] DIVORCED F 12 YII 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 0 polles 13. FATHER'S NAME 14 MOTHER 15, WAS DECEASED 16. SOCIAL SECURITY NO 17 INFORMANT /8. CAUSE OF DEATH [Enter only one couse per line for (a)/(b)/and (c) INTERZAL BET A EEN PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DHF TO Canditions, if any, which gave rise to immediate cause **DUE TO** (e), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS ALTOPSY PERFORMED? 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) PRIMARY I DE CONTRIBUTING I CAUSE OF DEATH. 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or lown) 20c TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) e. m. While Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [7]. Inspection N and in my g ded opinion death resulted fram-Natural causes M. Accident Suicide . Hamicide . Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 0 ASSISTANT MEDICAL EXAMINER EXAMINER'S FUNER DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL CREMATION. 22d LOCATION (City, lown, or county) (Stote) REMOVAL (Specify) Arlington National 1 - 7 - 59Eenetery Burial 0 ington ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24o REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE #15ME Chi. A S. Thank Hyndman, Pa. DATE IAN 9 5M 2/57





ATTENHINH PHYBICIAM: The low requires that the death heritificate be exmented within 2 mounts

may be retained by the hospital or attending physician.

O FUNERAL DIFF OR: After this certificate has been signed by the ottending physician and campletely filled in page 3 should or stoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter death.

TO FUNERAL DIST poge 3 should

VS A15 (4) 15M 10/57

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00072

		1	98	CERT	IFIC A	TE OF)FATH				000	616
			30	QLI(I)		112 01 1	7-7-111	<u> </u>		Reg. Dist.	No.	
1.	PLACE OF DEATH COUNTY	gany		MAR	YLAND	a. STATE	DENCE (Who	-	If institution b. COUNTY	Residence		m 1510n)
	b CITY OR TOWN (If a RURAL and give near	odis de corporole limi	ils, write	c LENGTH OF STAY	IN 1b			itside corporate lir	mits, write RUR			town)
_	Cumberlar	L (Il not in haspital, g	give street o	ddress)		X Rout		Willowb	rook F	load		residence
L	Route 4	Willowbr	ook D	and		D+ 4	Wil	lowbrook	Road			□ NO □
3.	NAME OF DECEASED (Type or print) LOV	Fir	rst	Middle	REYNO	LDS	t	4. DATE OF	Month	10	Day	Year 19. 59
5	SEX	COLOR OR RACE	7 MARRI	EDE NEVER MARRI		B. DATE OF BIRT	<u></u> Н	P. AG	E (In years II		YEAR IF J	NDER 24 HRS
_	Male	White	WIDOWE	DIVORCE		uly 4,	1907	5	yrs	Months D	lays Ho	urs Min
10	during most of working	(Give kind of work	dane 10b K	CIND OF BUSINESS C	DR INDUS	TRY 11. BIRTHPL	ACE (State of	or foreign country)		12 CITIZ	EN OF W	HAT COUNTRY"
	Machinist	g me, even in terrice		& O Rail	road	l Crais	Cour	aty, Vir	ginia	U	SA	
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
	Floyd Addi	son Reyno	olds			Emma	Wrigh	et.				
15	WAS DECEASED EYER	IN U. S. ARMED FOR	CES? 16 S	OCIAL SECURITY NO). 17, IN	FORMANT		Rt	Addrey	Hillor	whrac	k Road
	No (II	yes, give wor or dotes of s	ervice)		Mrs	Ella	Reyno		mberla			
	18 CAUSE OF DEATH	I Enter only one co	ouse of line	e for (a), (b), and (c)		74 - 72 72 00	110 9 110	103 -0	INDEL 10	1101 1		L BETWEEN
	PART I. DEATH	WAS CAUSED BY	1 40	· /-	1	-	1	1-12		./	ONSELA	NO DEATH
	7	MMEDIATE CAUSE (o DUE TO		un	-6-		- 6/	1- 22	core		10	moulfi
	Conduine if an		,			 	6					*
	Conditions, if any gave rise to im-	mediate										
	cause (a), sloting the	e under- DUE TO	}					~				1
z	lying couse lost.) (c	1									
CERTIFICATION	PART II OTHER	K SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE CON	DITION GIVEN	I IN PART I	PE	AS AUTOPSY REORMED?
CERTIF	200 ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	206. DESCI	RIBE HOW INJURY C	CCURRED	t. (Enter noture a	Einjury in Pi	art t or Port II of i	item 18.)	_		
MED.CAL	20c. TIME OF INJURY	Month, Day, Yes		JURY OCCURRED	20e. PLA	CE OF INJURY (Home, form,	20f. (City or tow	vn)	(Co	unty)	(State)
MED	Hour o. m.	19	While at work	Nat while "	1	lary, street, affice	biog., erc.)					
	21. I certify that	I aftended the	deceose	·	2/5 death	7, 19.	, to 1/	10/59 M, from the				he deceased
		V 117 0	7, ,	20				DDRESS (Street, ci				DATE SIGNED
	SIGNATURE	XII	al	trene	- A	122	So. 6	entre 8	t. Eum	harls	and	Ma
	7	170								00220	*******	
	PHYSICIAN'S NAME (Type) RI	chard J.	Will:	iams M.	D.	_122_	So. C	entre_S	treat	Cumb	anla	nd Md.
220	BURIAL, CREMATION,			22c. NAME OF CEM				22d. LOCATION (State)
B	REMOVAL (Specify)	Jan. 13.	1959					-			,	J. G. C.
	FUNERAL DIRECTOR'S		1303	Sunset H	TIIS	riem. F		Cumber 1:	and M	aryle		
					1			T. BENNINGS	240. 1001011			
	John J. Ha	ier, cumi	perla	nd, Maryl	and		шп					



U	0	0	7	3

		f	47	CERTIFIC	ATE OF DEATH	1	Reg. D	list. No.
	PLACE OF DEATH b. COUNTY	Allega	ny	MARYLAND	2. USUAL RESIDENCE (WE O. STATE Maryl			nce before odmission)
	RURAL and give i	(If outside corporate liminearest town) PLANC	ls, wrile	3/3/54	c. CITY OR TOWN (IF a		, write RURAL and	give nearest town]
	OR INSTITUTION	ITAL (If not in hospitol, p	Count	ty Infirmat	STREET ADDRESS 517 E	astern A	venu e	on a farm? YES NO Z
	NAME OF DECEASED (Type or print)	Amy	raf	Middle	Rice	4. DATE OF DEATH JAI	Month luary	8, Yeor 19 59
5	ex Pemale	White	7. MARRIE	DIVORCED	8. DATE OF BIRTH 3/23/1874	9. AGE (1	in years IF UNDE rihdoy) Months yrs	R 1 YEAR IF UNDER 24 HRS. Days Hours Min
100	. USUAL OCCUPATE during most of wo Hous	ION (Give kind of work orking life, even if relired OWITE	done 10b. K	IND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (Stote Marylan	or foreign country)	12. C	S. A.
13.	FATHER'S NAME	George B	rant		14 MOTHER'S MAIDEN N	Julia /	nn Os	yter
15. (Ye	WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of t	ervice)	ocial security NO 17		ox 599 unty Infi		mberland, Mo Records
		ATH (Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c		Chrones	musca	erdite 5		INTERVAL BETWEEN
	592) Conditions, if			Cerclera	E Kerter	isolle	eroses	?
	gave rise to couse (a), stating lying cause lost	the under- DUE TO		Chronis	· rept	retiz.		>
CERTIFICATION	PART IS. OT	THER SIGNIFICANT CON	DITIONS CO	Sieral.	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDIT	ION GIVEN IN PA	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING [] / G [] CAUSE OF DEATH Y MEDICAL EXAMINER]	206, DESCI	RIBE HOW INJURY OCCUR	RED (Enler nature of injury in I	Port I or Port II of item	. 18)	
MEDICAL	20c, TIME OF INJU Hour e.m. p.m.	10	While	Not while of work	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.	. 20f. (City or town)		(County) (State)
	21. 1 certify talive on	that I attended the	decease		19 , to 1 th occurred at 6:35	▲M, from the co	auses and on	
	ACTUAL SIGNATURE	Hame	0 2	· Total	A Section 1	ene St.	pr town, store,	1/8/59
	PHYSICIAN'S NAME (Type)	<u>``</u>		McLean	Cumber	land, Md	•	
22c	BURIAL, CREMATI REMOVAL (Specifi UL) LE L	ON, 225 DATE THEREO	959	22c. NAME OF CEMETERY Rose Hill	or crematory Cemetery	Custon (City	e nd inc	
23	byron		Cumi	ADDRESS OUT LEATING TO		D BY REGISTRAR 20	46 REGISTRAR'S S	

DATE JAN 1 3 159

- in S. Frans

Cumberlana, Ma.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after D FUNERAL DIFFICE: After this certificate has been signed by the attending physician and completely filled in by page 3 should appeared for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 to the registrar prior to burial, cremation, ar removal, and in any event within 72 hours efter death. TO FUNERAL DIP TO HOSPITAL OR VS A15 (4) 15M 9/55

uneral director. I'd be filed with

I

death. Page 4



MARYLAND	STATE DE	PARTMENT	OF HEALTH-	BALTIMORE, 18
----------	----------	----------	------------	---------------

CERTIFICATE OF DEATH

00014

48	CERTIFICA	AIE OF DEAT	П	Reg.	Dist. No.	
1. PLACE OF DEATH O. COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (W. o. STATE MD.		COUNTY	dence before odm	ass-on)
b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town) CUMBERLAND	c. LENGTH OF STAY IN 16 26 DAYS	c. CITY OR TOWN IN	BERLAND	ts, write RURAL or	nd give nearest to	wn)
d. NAME OF HOSPIT MEMOR PARE HOSPIT	Adress)	d STREET ADDRESS	GRAND AVE.			ESIDENCE A FARM3
3. NAME OF Pirst DECEASED (Type or print) JESSE JAN	Middle RO	Lost ACH	4. DATE OF DEATH	Month JAN.	30 Day	Yeor 19 5
MALE WHITE WIDOW			1891 6	(In years IF UNI	Days Hour	
100. USUAL OCCUPATION (Give kind of work done) 10b during most of working life, even it refried) RETIRED Engineer B	& O.Railros		va. Hard		U. S.	
CHARLES ROACH		14 MOTHER'S MAIDEN	NAME XXXX Mag	gie Sho	emaker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	MEMORIAL	HOSPITAL	Address CUMBE	ERLAND, 1	4D.
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stoting the under. DUE TO DUE TO	ne for (0), (b), and (c)]		onform	ton	INTERVAL ONSET AN	
PART II OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT				PER	S AUTOPSY FORMED?
OR CONTRIBUTING CAUSE OF DEATH	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, forctory, street, office bldg., et	m, 120f. (City or town		(County)	(State)
21. I certify that I attended the deceas	ed from January and that death	occurred at	M, from the		I last saw the	

PHYSICIAN'S DR. CLAY DURRETT

220 BURIAL, CREMATION, 226. DATE THEREOF 12c NAME
BEENGYAL Specify b. 2, 1959 Mc Gait

ACTUAL SIGNATURE

22c NAME OF CEMETERY OF CREMATORY
McGaheysville Cemetery

22d. LOCATION (City. fown. or county) (Stote)
McGaheysville, Virginia.

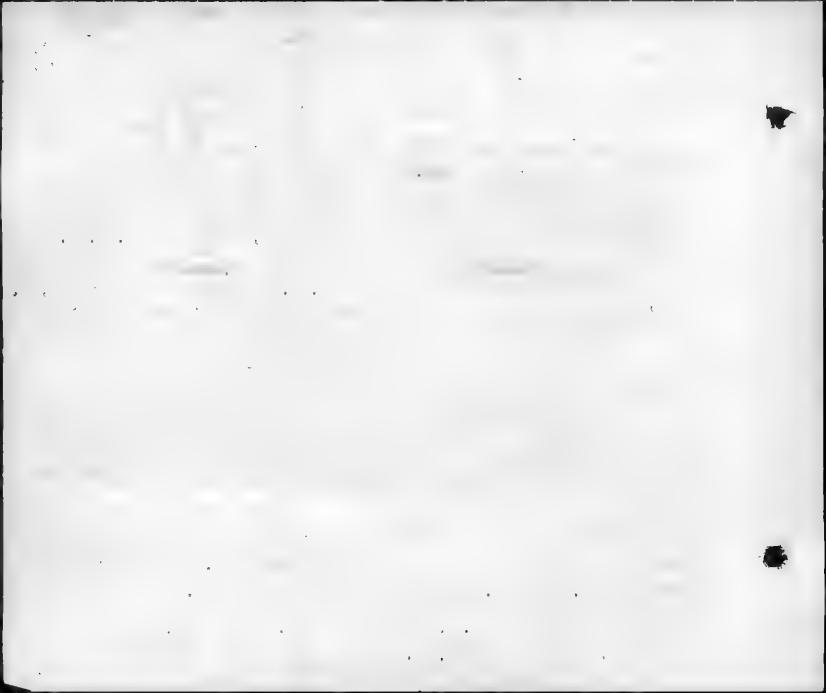
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE Line Sey's & Sons Hallson Burg, October 159 Cultury & Known



		7	Reg. Dist. No.
o COUN	Allegany	MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) o. STATE Maryland b. COUNTY Allegany
b. CITY (OR TOWN (If autside corporate limits, write ond give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
C.	umberland	2/12/54	Cumberland
d. NAMI OR IN	OF HOSP TAL (If not in hospital, give stree ISTITUTION Allegany County	Infirmary	RFD 3, Box 230 * IS RESIDENCE ON A FARWAY VES NO D
NAME C DECEASI (Type or	D Fathanda.	o Mary	Ruppert OFATH January 28, 19 50
Fom	. T	RRIED NEVER MARRIED DIVORCED	8 DATE OF BIRTH 9/28/1873 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR Sparthday Months Days Hours Min
00 USUAL during HOU	OCCUPATION (Give kind of work done 10 most of working life, even if retired)	b kind of Business or Indu Own home	Cumberland, Maryland U. S. A.
3. FATHER	SNAME		14. MOTHER'S MAIDEN NAME
	Frank Brocking	an 1	Bernadine Landwehr
IS. WAS DE		17	NFORMANT P. O. Box 599 Address Cumberland, I llegany County Infirmary Records
Cond gove couse lying VO VO US US US US US US US US US US US US US	DUE TO (b) rise to immediate (a), stating the under cause lost PART II. OTHER SIGNIFICANT CONDITION CIDENT WAS UNDERLYING NTRIBUTING CAUSE OF DEATH ER, NOTIFY MEDICAL EXAMINER)	deterio	Asterios clerosis; Oster-anthritis; NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 1 tate 02 VES NO E NO E Center noture of injury in Port 1 or Port 11 of item 18.)
~	our o. m. Whi		ACE OF INJURY (Home, form, 20f. (City ar lown) (County) (State of the form, street, affice bldg., etc.)
alive	7		accurred at 6:25 P.M. from the causes and an the date stated abo ADDRESS (Street, city or town, state) OATE SIGN
ACTUA SIGNAT PHYSIC NAME	Dr. James	E. McLean	Cumberland, Md.
Burial Buri	CREMATION, 226 DATE THEREOF al 1/31/59	2. NAME OF CEMETERY O S. S. Peter	& Paul's Cem. Cumberland, Haryland
	rles L. George Cum	berland, Md.	24g REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

neral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 It he hospital or attending physician.

R. After this certificate has been signed by the attending physician and campletely filled in by the other this certificate has been signed by the other for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 similar cremation, or removal, and in any event within 72 hayrs after death. TO FUNERAL DIRIC R: After this certificate has be page 3 should be proched for use as the burial-traffic the registrar prior to burial, cremation, or removal,



123

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

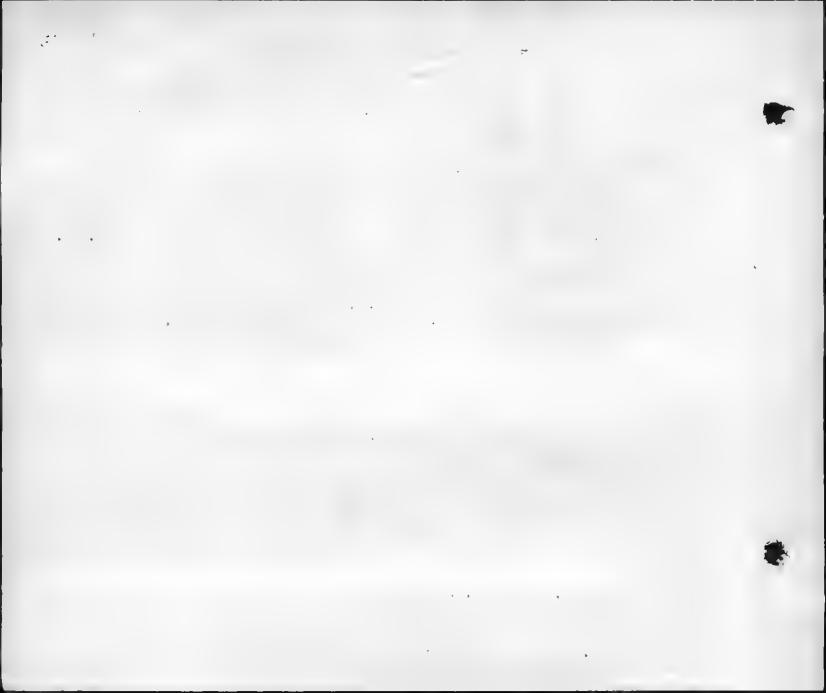
00076

Pag Dist No.

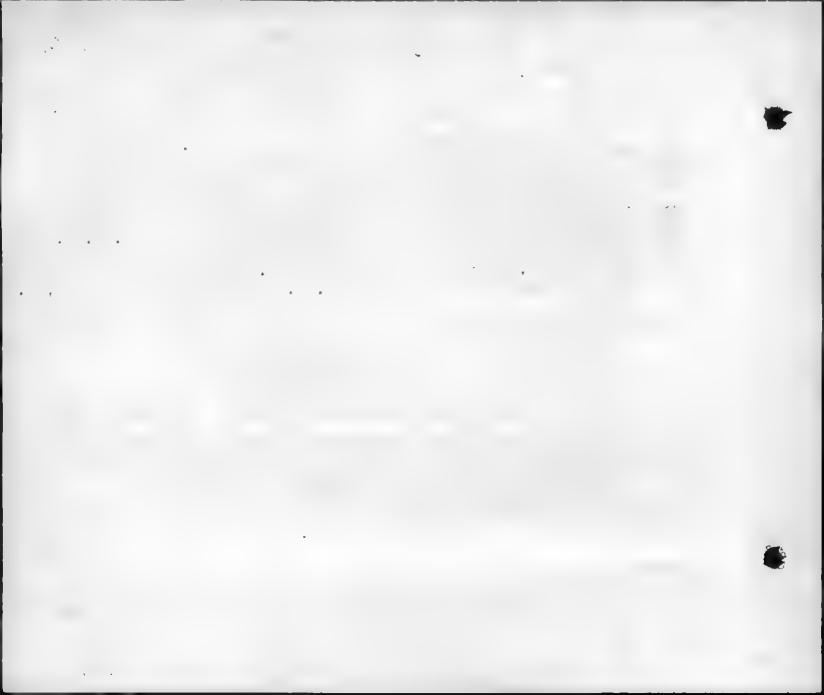
<u>U</u>	1			Keg. Dis	T. No.
I. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WI	b. C	OUNTY	
b CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 15	Mary			egany
RURAL and give nearest town}		c. CITY OR TOWN (IF a	outside corporote limits,	write RURAL and g	ive nearest town)
Frostburg	Lifetime		tburg		
 NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 	oddress)	d. STREET ADDRESS			e. 15 RESIDENCE
		42 W	right Str	eet	YES NO
3. NAME OF First DECEASED	Middle	Cost	4. DATE OF	Month	Day Year
(Type or print) George		Savage	OFA THE	nuary	19th 19 59
5 SEX 6. COLOR OR RACE 7. MAR	RIED A NEVER MARRIED	B. DATE OF BIRTH	9. AGE (1	n years IF UNDER	YEAR IF UNDER 24 HRS
Male White WIDOW		Aug.15th,	897 lost by	hday) Months	Days Hours Min
10a USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	. KIND OF BUSINESS OR INDU				ZEN OF WHAT COUNTRY
Poultryman	Farming	Marylar	A		
13. FATHER'S NAME	raining	14. MOTHER'S MAIDEN			USA
Coomes W. Comes					
LICORGO M. SAVAGO 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14	SOCIAL SECURITY NO. 17. 1	Harriett M	repriy		
[Yes, no, or unknown] [If yes, give wor or dates of service)			-	_Address 65	Wright St
<u> </u>		rs.Margaret	Savage,	Frostbu	rg. Md.
18. CAUSE OF DEATH [Enter only one couse per l					INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) ACU	te Coronary Occ	lusion			länutes
4.40. DUE TO					6
Conditions, if ony, which] the HVD6	ertensive and A	rteriosclerot	wic Heart D	h sease	Years
Bose Lise to Immediate	with Cardiome	alv. Coronary	Tosuffici	ency.	Icars
lying couse lost.	and prior (Apr	il 1958) Nivoc	eardial Inf	arction	
					I/ol 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS				071 01707 117171	PERFORMED?
200 ACCIDENT WAS UNDERLYING CI 20h DE	SCRIBE HOW INJURY OCCURRE	D. /Fater pature of record in	Part I or Part It of stam	10.1	YES NO
20b. DET OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CARCITON HOOKI OCCURRE	D. (Lines Holors of Injury III I	TOTAL TOTAL TOTAL THE ST	101	
=	20. B	A CE OF BANKAN (III	Test test		
Of Hour o.m. hwhile		ACE OF INJURY (Home, form ctory, street, office bldg., etc	; i 20f (City or town)	(Ce	ounty} (Stole)
p. m. 19 of wo					
21. I certify that I attended the deceo-	sed from March 24.	1958 to Ja	nuary 19.	19.59 that I le	ast saw the decease
olive on December 1st. 195		occurred on 10:45	PM from the co	uses and on th	e date stated above
	10		ADDRESS (Street, city of		DATE SIGNE
SIGNATURE NUMBER OF TO ORN	wa land		nquin Hote		
STONATORE POPULATION OF THE PO		M.U	and attent though	12	
NAME (Type) Wyand F. Doerner	c Jr. M D	Chamb	erland, Ma	mrel and	
- REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d LOCATION (City		(State)
	F'bg.Memor		Frostbur	8-7	Md.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 REC*	D BY REGISTRAR 24	B REGISTRAR'S SIG	
Joseph R. Durst, Fro	ostburg, Md.	DATE JA	N 2 3 '59	C TOWA 8.	Track



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18







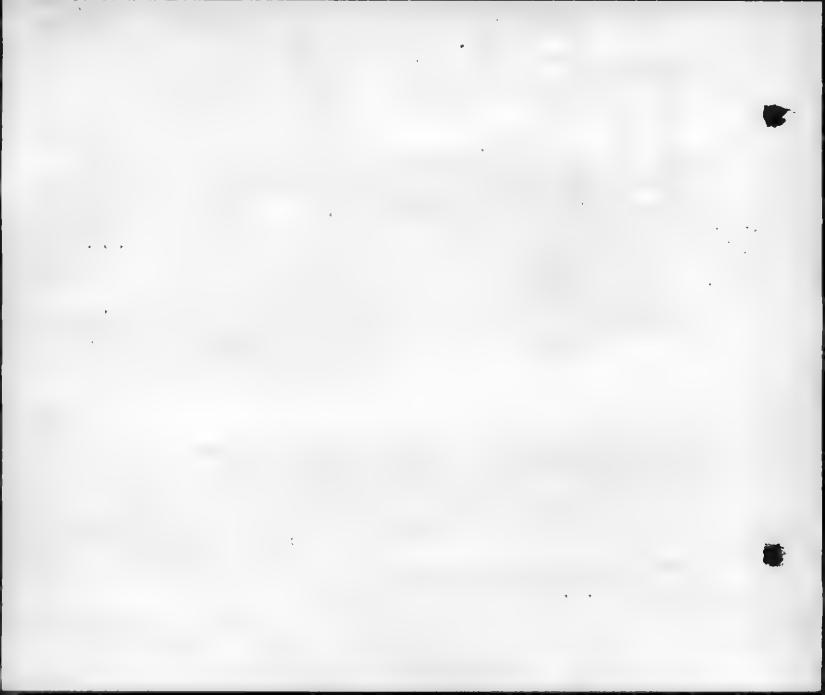
g		8	3	
۵		dir	9	1
2		-0	工	
G G		ě.	ñ	
-	h			,
E e		h	4	
91		2	cı	
O D		-0	5	
-		0	0	
2		=	NI NI	
Ė		7	go	
3		10	Δ.	
P		pie	5	
20		E	dd	Ę,
- A		T	ā.	eo
61		č	00	- O
-0		E	200	J.
Ö		Ö	9	5
Ę		hys	õ	20
100		Q.	100	2
4		fin,	96	~ c
00		enc	eg.	Ŧ
TO to		4	0	3
÷		ě	ğ	eni
5		>)	Š
20		9	칕	5
- E		9	ě	0
0	÷	ŝ	d.	0
2	Ö.	6	135	5
ő	ž	þě	-tro	9
0	듄	0.5	ē	ò
=	0	 U	507	P
Ž	ē	g	9	2
3	E E	ŧ	=======================================	e,
S	0	Cer	0	9
Ě	0	. s	US	Ë
()	5	illi la	6	Cre
Ž	dso	E e	P	- 2
2	ac e	Κ.	che	77.
E	ŧ,		Ĝ	۵
A	à		X	7
8	P	35	page 3 should be a darked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shared by	10
1	O.O	٩	5	Ø.
TA	5	₹	Sho of	Tro
S	e	1	62	gis
0	*	S	96	-
0	Ĕ	O.	P	17
TO HOSPITAL OR ATTENDING PHYSICIAM: The low requires that the death certificate be executed within 24 hours after death. Page	may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the prol directs		the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

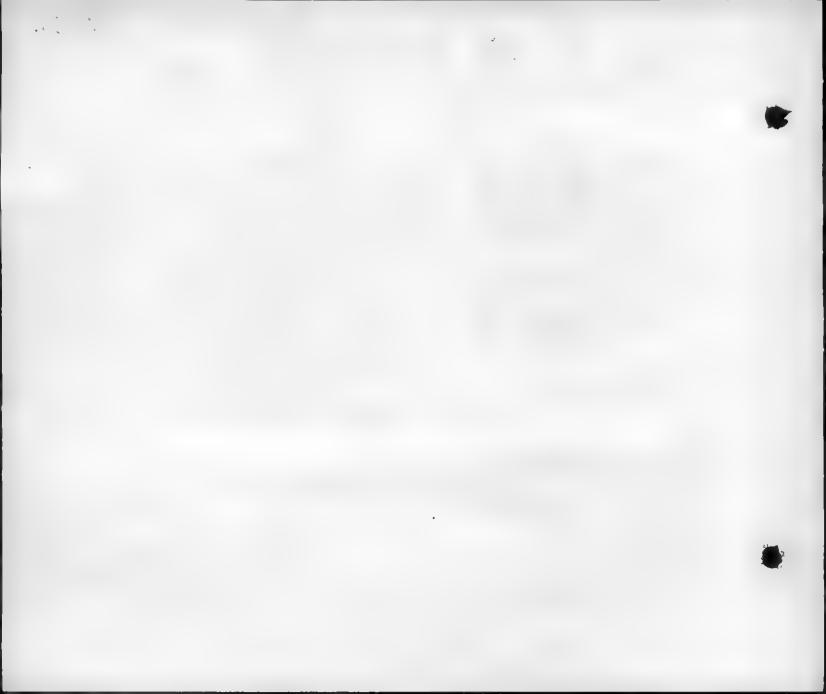
53 . CERTIFICATE OF DEATH

•	0000
Reg. Dist.	Ne.

	1. PLACE OF DEATH 2. COUNTY ALLEGANY	MARYLAND	2 USUAL RESIDENCE (WH	b COUNTY			
	b CITY OR TOWN (If outs de carporate limits, write RURAL and g ve nearest town) CUMBERLAND	e. LENGTH OF STAY IN 16 46 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND				
	OR INSTITUTION MEMORIAL BOSPT MEMORIAL & WARWICK AVE	POLITICES) Seg.	d STREET ADDRESS 927 BRADDOCK ROAD e. 15 PESIDENCE ON A FARM? YES NO K				
	3 NAME OF First DECEASED (Type or print) LUC I NO/	·	SHATZER	4. DATE Mon OF DEATH JA	NUARY I	Year 19 59	
	FEMALE 6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED [SEPT. 6	9. AGE (In years lost birthday) 7. AGE (In years yes.	Manihs Days H	OUTS Min	
	10a USUAL OCCUPATION (Give kind of work dane 10b. duping most of working life even if retired)	KIND OF BUSINESS OR INDUS	Corriga	nville mo	12 CITIZEN OF V		
X	13. PATHER'S NAME SAMUEL GAREY		LUCINDA H				
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16 1Yes ng or unknown) If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17 II	MEMORIAL HOS	PITAL, CUMBERL			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	re for (a), (b), and (c)] rehal Th	untosis	roung	INTERV SNSST	AL BETWEEN AND DEATH	
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	enternil ord a		tie Vaseul	10 duen	years +	
'	0 10000	ul Fraction	out. le	mus 16)	, ~(F	WAS AUTOPSY SERFORMED?	
ļ	OR CONTRIBUTING ET CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PRIBE HOW INJURY OCCURREN	of Wheel GA	Civit			
	20c. TIME OF INJURY Month, Doy, Year 20d. IN Haur a. m. / / Le 747 195 6 of work	Not while at wark	CE OF INJURY Hame, form tary, street, affice bldg , etc.	201. (City or town) Cumferlinel	allegan	(State)	
	21. I certify that I attended the decease alive an 19.	15 10 1	occurred at 11 • O	AM from the causes of	that I last saw		
	ACTUAL SIGNATURE W. CEOpost V	inOrma	ND 122 5.	ADDRESS (Street, city or town,	state)	DATE SIGNED	
	PHYSICIAN'S W. A. VAN ORME	ir	cumb	rlines mel.	<i>V</i>		
	270. BURIAL, CREMATION, 226 DATE THEREOF BEMOVAL (Specify) 1/3/5 4	22c. NAME OF CEMETERY OF	CREMATORY Lesm.	27d. LOCATION (City, lown, o	and 1	(State)	
	Lavis alteri Onc.	Cumb.	A DATE ED	D BY REGISTRAR 24b. REGIS	STRAR'S SIGNATURE		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



54 **CERTIFICATE OF DEATH**

Reg. Dist. No.

00082

- 4									
/	1. PLACE OF DEATH 6. COUNTY ALLEGANY		MARYLAND	USUAL RESIDENCE (Where deceased lived If institution Residence before admission) STMARYLAND b. COUNTYALLEGANY					
	CUMBERLA		45 MINUTES	c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) C CUMBERLAND					
and a	d. NAME OF HOSPITAL OR NSTITUT ON MEMORIAL	(If not in hospital, WARWE) HOSPITAL	OKOR MEMORIAL AVES.	d. STREET ADDRESS	YETTE STRE	ET		ON A FARM?	
	3 NAME OF DECEASED (Type or print)	BLA I NE	Middle CHESTER	SHEIRER	4. DATE OF DEATH	JA NUA	RY P	159	
	5 SEX MALE	WHITE WIDOW	RIED NEVER MARRIED DIVORCED	S. DATE OF SIRTH	1918 9. Ac		Months Doys	Hours Min	
1	Salesman		V. Supply Co	DEMMONE)	U. S	F WHAT COUNTRY	
)	13. FATHER'S NAME WILLIA	M SHEIRER		14. MOTHER'S MAIDER					
	15. WAS DECEASEDEVER (Yes. no. or unknown) (H	yes, give war or dates of service]	SOCIAL SECURITY NO. 17.	INFORMANT MEMORIAL HOS		Addres BERLAND		AND	
	PART I. DEATH	Enter only one couse per to WAS CAUSED BY: WMEDIATE CAUSE (o)	orough	Jhro	mlens	1	INTE	RVAL BETWEEN ET AND DEATH	
	Conditions, if ony		Drouge	y arter	ivacle	102	is	>	
	cause (a), stoling the lying cause last.			6					
r.	ICATI	SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TER	MINAL DISEASE CON	IDITION GIVEN	IN PART 1(a) 19	PERFORMED?	
		UNDERLYING 20b. DESI I CAUSE OF DEATH EDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	ED. (Enter nature of injury)	n Port I or Port II of	item 18.}			
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. If White at war	Not while_	PLACE OF INJURY (Home, fo octory, street, office bldg ,	erm, 20f. (City or to	wn)	(County)	(Slate)	
	21. I certify that I attended the deceased from							w the deceases e stated above DATE SIGNED	
	PHYSICIAN'S DR .	W.F. DRXXWXHA	NO WILLIAMS						
	270 BURIAL, CREMATION, REMOVAL (Specify) EUF121	22ь DATE THEREOF Jan. 17, 1959	Rose Hill Ce		22d LOCATION	City, town, or other land		(State)	
	23. FUNERAL DIRECTOR'S S Charles L.		ADDRESS perland, Hd.		C'D BY REGISTRAR	24b. REGISTR	AR'S SIGNATURE	E	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Peath. Page moy be retained by the hospital or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the page 3 should be achieved far use as the burial-transit permit. Then please remove carbon papers. Bages 1 and 2 shather registrar priar to burial, cremation, or removal, and in any event within 72 haurs after death.



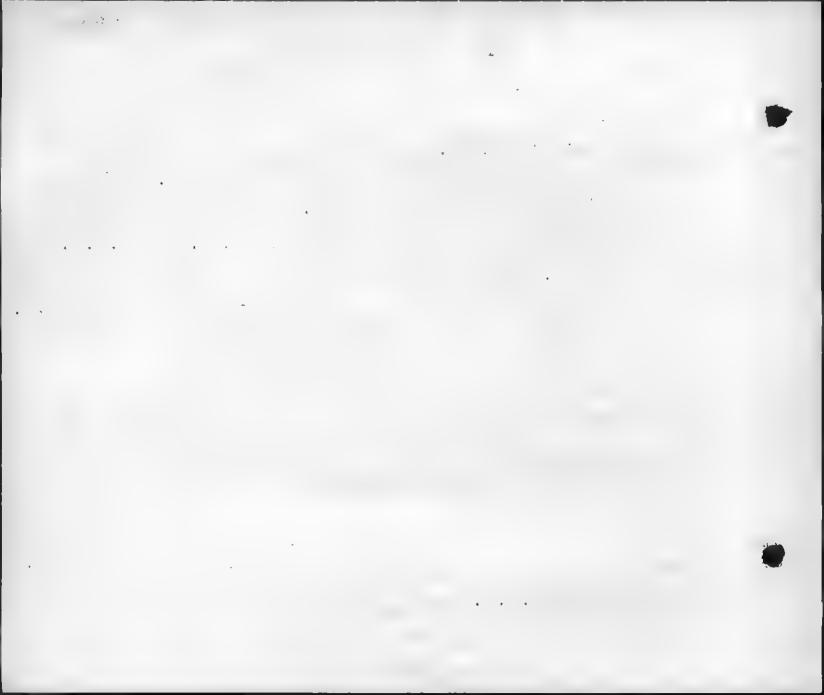
VS A1S (4) 1SM 10/57 I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
--	----

55 CERTIFICATE OF DEATH

00083

	P)		•	Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY ALLEGANY	MARYLAND	2 USUAL RESIDENCE (WHO O. STATE PENI	ere deceased lived.		e before admission) BEDFORD	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give rearest town) CUMBERLAND	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYNDMAN				
d. NAME OF HOSPITAL (IF not in hospital, give street OR INSTITUTION MEMOR	Padiess) &	d STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NOW	
3 NAME OF First	CK AVE.	11	A DATE			
DECEASED (Type or print) MARGARET	BERTHA	SHUMAKER	4. DATE OF DEATH	JAN. 10	O 19 59	
S. SEX FEMALE 6 COLOR OF RACE 7. MAI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH SEPT. 6	9 AGI	A CAN	TYEAR IF UNDER 24 HR. Doys Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDU		or foreign country) RLAND, M		ZEN OF WHAT COUNT	
13. FATHER'S NAME	W	14. MOTHER'S MAIDEN N			20 30 719	
HIRAM B. WOLFE			JENNIE	HITE		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? [16] (Yes, no. or unknown) [17] (If yes, give wor or dates of service)	SOCIAL SECURITY NO 17. I	NFORMANT MEMORIAL	- HOSPTIA	Address (CUMBERLAND.	
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause lost.	netiste				1 year	
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONI	DITION GIVEN IN PART	1(0) 19 WAS AUTOPSY PERFORMED? YES NO	
OR CONTRIBUTING CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	ort I ar Port II of i	lem 18.)		
20c. TIME OF INJURY Month, Day, Year 20d While Hour o m. 19 of we	Not white for	ACE OF INJURY (Home, form, clory, street, office bldg., etc.		n) (C	ounty) (State	
21. I certify that I attended the decea	sed from her	20, 1955 to	1- Jan 1	1959, that I le	ast saw the deceas	
alive an 19	S. J., and that death		AM, from the ADDRESS (Street, fi		e date stated abo	
PHYSICIAN'S NAME (Type) DR. A.	J. MIRKIN					
Purial, Cremation, 226 Date Thereof Burial 1-12-59	1220 NAME OF CEMETERY O	Cemetery		City, town, or county)	(Stote)	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR	24b. REGISTRAR'S SIG	NATURE	
+103 1 Vec /1. /1	W. Hyndma					



15M 10/57

ON A FARM?

YES NO I

12. CITIZEN OF WHAT COUNTRY

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO NO

Md.

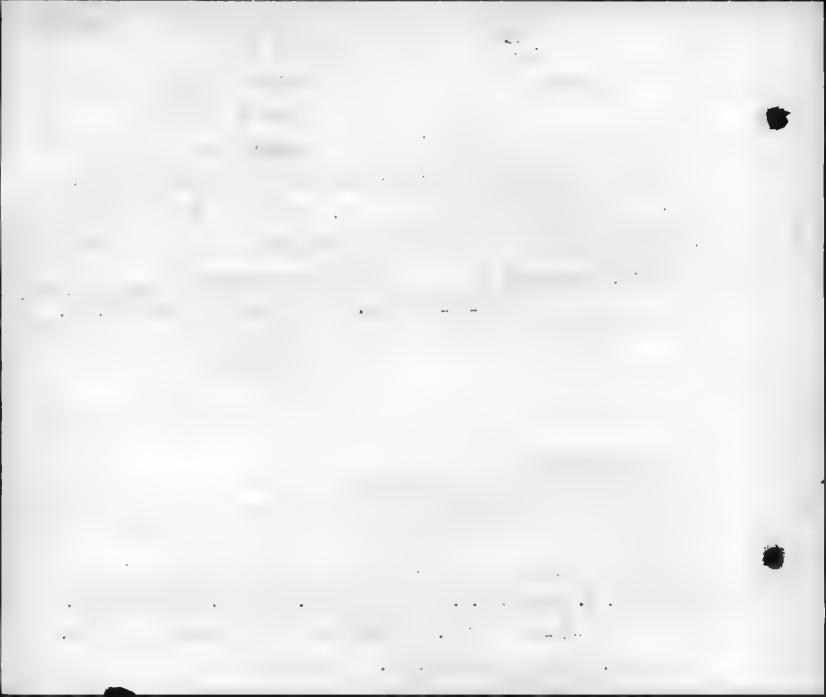
(Stote)

(County)

USA

Allegany

Frostburg. Md. Joseph R. Durst. DAMEN 2 8 '59



VS A1S (4) 1SM 10/S7 00085

83 CERTIFICATE OF DEATH

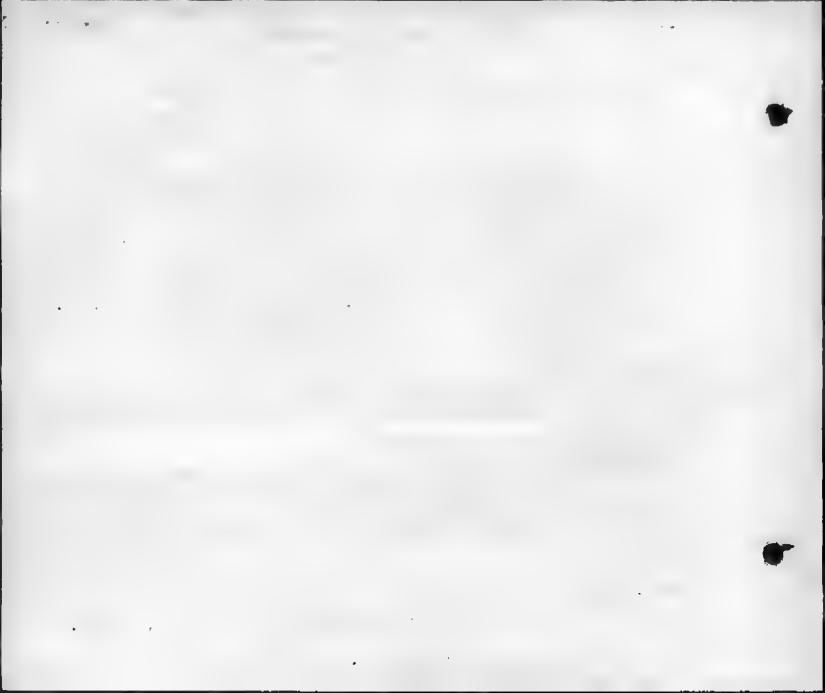
Reg. Dist. No.

	Kadi Dist. 140.								
PLACE OF DEATH COUNTY Allegany MARYLAND	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. STATE Maryland b. COUNTY Allegany								
b CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town) Frostburg	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 4 Frostburg								
d. NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION W. Main St.	d. STREET ADDRESS 56 W. Main St. 15 RESIDENCE ON A FARM? YES NO.								
3. NAME OF First Middle DECEASED (Type or print)	SMITH 4. DATE Month Doy Yeor DEATH January 21, 1959								
	8. DATE OF BIRTH P AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS lost bighdoy) H yrs Peb. 21, 1910 P AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min								
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUMATION OF BUSINESS OR									
Elmer Smith	Enona Miller								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17	INFORMANT Address								
	rs. Robt. McLaughlin, Cumberland, Md.								
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) } DUE TO DUE TO DUE TO (c)	ideal Estatation Interval Between ONSET AND DEATH SIGNAL BETWEEN DEATH SIGNAL								
CA	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO								
	ED (Enter nature of sajuty in Part I or Part II of item 18.)								
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a m. p. m. 19 While Not while of work of the order of the control of the contr	LACE OF INJURY (Home, form, 20f (City or town) (County) (State) actory, street, office bldg., etc.)								
21. I certify that I oftended the deceased from 1448, 19, to 19, that I last saw the deceased olive on 144, from the couses and an the date stated abave.									
ACTUAL! //52/11/	ADDRESS (Street, city or town, state) DATE SIGNED								
PHYSICIAN'S W. O. McLane, M. D.	Frostburg, Md.								
220 BURIAL, CREMATION, 226 DATE THEREOF BURIAL CREMETERY OF LOCAL PROCESS OF CEMETERY OF C	(31016)								
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24c REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE								
J. R. Durst, Frostburg, Md	· DATEJAN 26'59 C that & France								



death; Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Frostburg. Md.

Reg. Dist. No

Months

Address

JAN 2 9 '59

Allegany

26th.

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

(County)

i -thun & thous

Hours

INTERVAL BETWEEN ONSET AND DEATH

4101

WAS AUTOPSY PERFORMED? YES NO 🗆

(Stote)

Md.

(State)

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE ON A FARM?

YES NO

1959

0

VS A15 (4) 15M 10/57

Joseph R. Durst.



pella

DATE AN 20 50

o VS A15 (4) 1SM 10/57

HOSPITAL

that



-	D N	1
0	in a	2
	70 2	
Ī	97.0	Š
TO To		
Ď	2	
570	25	2
ho ho	, <u>-</u> , <u>-</u> , <u>-</u> , <u>-</u> , <u>-</u>	5
27	=======================================	ũ
141	<u>></u>	5
3	et et	ė
- P	E S	2 2
×ec	70	eor
9	8 3	3 5
e e	. E 8	3 6
fice	ysic	2
er	Ta S	2 P
ŧ	- ju	2 5
dec	# de 1	Į.
#e	0 0	į
b	- /	. %
= =	9.5	g V
- 12	gue	2.5
5	ian.	oug
3	be s	=
e P	to Si	è
	ding Fe	5 5
1	ifice the	Ö
35	cert	ğ
E.	P. 2	e G
9	Par Par	į
	N H	₽
944 \$44	a ax	2
AT	à C	7 0
0	ned Dig	prio
TO MISMITAL OF ATTENDING PLYSICIAN: The law requires that the death certificate be executed within 24 hours after darth. Now	may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the errol director, and a should be proved a should be compared for use or the hardest beautiful to be a should be compared to the proved t	he registrar prior to burial, cremation, or remayal, and in any event within 72 hours, after death.
1	ERA	gist
Ē	FUN D	2 0
0	EO	7 =
-	-	

		MARY	AND	STATE DEPART	ME	NT OF HEALTH	I-BAI	LTIMORE, 1	в ,	nns	Ŷn.
		1	58	CERTIFIC	A.	TE OF DEATH	1		Reg. Dist. I	₩.	79
1.	PLACE OF DEATH a. COUNTY	Allegany		MARYLAND	- 11	2 USUAL RESIDENCE (WI o. STATE Mary		ed lived If institution b COUNTY		efore admis	ision)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give agarest lown) Cumberland,					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland					
		TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS	St.,			ON	SIDENCE A FARM? NO N
3	NAME OF DECEASED (Type or print)	INEZ		Middle		STARKEY	4. DATE OF DEATH	Month Jan		Day	Year 19 59
	Female	6. COLOR OR RACE White	WIDOWI	1200		DATE OF BIRTH May 13, 1891		fost birthday) 67 yrs.	F UNDER 1 YE Months Day		
L	Decorator	ON (Give kind of wark of king life, even if retired	1 1	KIND OF BUSINESS OR INC ottery Busine		Clarksburg			U. S	of WHA	T COUNTR
13	Joseph	Greynolds				14. MOTHER'S MAIDEN N Sarah Ra					
15 (Y	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of si	CES? 16.			ormant . Sadie E. T	riple	Addre		., Cu	Md.
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which mmediate the under-	· · · · · · · · · · · · · · · · · · ·	ne for (a). (b). and (c).) Noucho ferred C		sinomat of PLa	(in	Zermu.	4R)	NTERVAL BI	ETWEEN DEATH
CERTIFICATION	PART II OTI		DITIONS (CONTRIBUTING TO DEATH B					N IN PART I(o	19. WAS PERFO YES	DRMED?
MEDICAL CERTI	20c. TIME OF INJUR	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yea	or 20d. fl		PLACI	Enter nature of injury in I E OF INJURY (Home, form ry, street, affice bldg., etc	, 20f (Cit		(Coun	ly)	(State)
Jaw	21. I certify that I attended the deceased from 1956 to 1956, that I last saw the deceased alive on 1956, and that death accurred at 12.25 AM, from the causes and an the date stated ob							ed abav ATE SIGNE			
	BURIAL, CREMATIC REMOVAL (Specify) DUL'1 AL	1/28/59	F	Wolf Cemetery		CREMATORY	22d 10CA	Clare, W.	county) Va.	(Sta	
23	Charles 1	_	Cumbe	erland, Md.		24a. REC'	D BY REGIS	159 246. REGIST	RAR'S SIGNA		





MARYLANE	STATE DEPARTM	ENT OF HEALTH	-BALTIMORE, 18	0000			
25	CERTIFICA	ATE OF DEATH	Reg. Di	00091			
1. PLACE OF DEATH COUNTY Allegany	MARYLAND	2 USUAL RESIDENCE (WHO	b. COUNTINETA	ce before admission)			
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg	c. LENGTH OF STAY IN 16	c city or town (if or Piedmont	itside corporate limits, write RURAL and (
d NAME OF HOSPITAL (If not in hospital give stree OR INSTITUTION Miners Hos	oddress)	d. STREET ADDRESS	mpshire	e. IS RESIDENCE ON A FARM? YES NO DE			
3. NAME OF First DECEASED (Type or print) Charle	Middle	Suter	4. DATE Month OF January	Day Yeer			
5. SEX 6. COLOR OR RACE 7 MAS White Widow	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH July 11, 1	9. AGE (in years IF UNDER lost berthday) Manths	1 YEAR IF UNDER 24 HES Doys Hours Min.			
100. USUAL OCCUPATION (Give kind of work done 100 during most of working life, even if retired) Retired 13. FATHER'S NAME	KIND OF BUSINESS OR INDU	Md.	U	S .			
Jacob Amer Sute			le Walker				
15. WAS DECEASED EVER IN U. 5. ARMED FORCES? [Yes, no. or unknown) [19] yes, give wor or dotes of service?		hardes Amer		V. College stburg, Md.			
PART I. DEATH Enter only one cause per IMMEDIATE CAUSE (c) Conditions, if only, which gove rise to immediate cause (d), stating the under lying cause lost (c)	line for (a). (b). and (c).] Arterioscler	otic Heart T)isease	interval between onset and death 30 yrs.			
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING 200. DE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	None			T 1(a) 19 WAS AUTOPSY PERFORMED? YES NO.			
3 20c. TIME OF INJURY Month, Doy Year 20d	INJURY OCCURRED 200 PL	ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	20f (City or town)	Caunty) (State)			
21. I certify that I attended the deceased from 5/17/54, 19, to 1/18/59, 19, that I last saw the decease alive an 1/18/59, 19, and that death accurred at 4.45AM, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. 48 Broadway. Frostburg. Ind. 4/9/S							
PHYSICIAN'S Martin M. Roti							
226 BURIAL CREMATION, 225. DATE THEREOF BUT1aI Jan 20,195 23 FUNERAL DIRECTOR'S SIGNATURE	Philos Cem Address Piedmont, W	etery 240 REC'D	Westernport Mc BY REGISTRAR 2db, REGISTRAR'S SIG 2 1 159 C 1 1 8. 7				



I

age 4		rector.	d with	-
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4		eral di	page 3 shauld clacked far use as the buriol-transit permit. Then please remark carbon papers. Pages 1 and 2 small be filed with	
ofter de	1	65	Shoold	
haurs		in by	and 2	
nin 24		filled '	oges 1	
ed with		pletely	ers. Po	
execut		nd cam	dod u	4
ate be		cion a	e corbo	1
certific		g physi	remay	1
death		tendin	please	
at the		r the at	Then	
ires th		ined by	emmit.	
w requ	icion.	een sig	ansit p	
The la	g phys	has b	urial-tr	
CIAN	ttendin	tificate	s the b	
PHYS	ما مد م	his cer	Use a	
DING	haspit	After 1	hed for	-
ATTEN	by the	OR	petac	1
AL OR	toined	L DIN	pinc	
DSP17	lile re	NERA	e 3 sho	4 .
10 H	DE.	10 FL	pag	- B -
V 1	SN	A 15	(4 S5)

		6	O CERTIFICA	AIE OF DEAT	1	Reg. Dist.	No.		
	1. PLACE OF DEATH 6. COUNTY	Allega	O.Y MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryl	and b.	If institution, Residence COUNTY Alle	before admission)		
	b CITY OR TOWN RURAL end give Cumbe:	(If outside carporate limits, writh nearest town) rland	6. LENGTH OF STAY IN 16 8/12/54	c. CITY OR TOWN (IF C	· ·	ts, write RURAL and giv	re nearest lawn)		
	d NAME OF HOS OR INSTITUTION	Allegany Co		d STREET ADDRESS y 72 We	st Main	Street	IS RESIDENCE ON A FARM? YES NO		
	3 NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Year		
	(Type ar print)	Mary	Ellen	Trimble		nuary	9, 1959		
	Female	LIbdto	ARRIED NEVER MARRIED DIVORCED DIVORCED	1/7/1866	P. AGE lost b	And the later of t	YEAR IF UNDER 24 HRS		
	during most of w	rking life, even if retired)	06 KIND OF BUSINESS OR INDU				EN OF WHAT COUNTRY		
	Housew	116		Pennsy		บ	. S. A.		
	13. FATHER'S NAME	James Findl	9 W	14 MOTHER'S MAIDEN N					
	IC WILL DECEASED				ma Reed				
	(Yet no or unknown)	VER IN U. S. ARMED FORCES?		NFORMANT P.C.BC			berland,Mo cords		
1	18. CAUSE OF D	EATH [Enter only one couse pe		2208027 000	2103 2111	11023 100	INTERVAL BETWEEN		
		EATH WAS CAUSED BY:	Chronia	muss as de	El Lucas	me of	ONSET AND DEATH		
	4.	DUE TO	2	The state of the	at office	CE TALF CEP	`		
	Conditions, if		Genetera	Carter	cooche	erosio,			
		gave rise to immediate cause (a), stating the under.							
	lying cause los	1. (c)	Schule	& ctile	errate	C 300 1			
	PART II. O	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDI	ITION GIVEN IN PART I	(a) 19. WAS AUTOPSY PERFORMED?		
		CACCO	u rug	rrives			YES NO TH		
	OR CONTRIBUTION	VAS UNDERLYING 20b. (IG CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in)	Part I ar Part II af ite	m 18.)			
	20c. TIME OF INJU	-71		ACE OF INJURY (Hame, form story, street, office bldg., etc	20f. (City or town) {Co	unly) (State)		
	D. m		vark at wark		"				
	21. I certify	that, I attended the dece	ased fram 8/12/54	, 19, to]	1/9/59	, 19,that 1 ta	st saw the deceased		
	alive on	1/9/59, 19	2, and that death	occurred of : 451	_M, from the c	causes and an the	date stated above		
	ACTUAL		3 4cl		ADDRESS (Street, city	rar tawn, state)	DATE SIGNE		
	SIGNATURE	BLULS	6' Thea	49 Gre	ene St.	~	1/10/59		
	PHYSICIAN'S NAME (Type)	Dr. James	E. McLean	Cumber	land, Mo	1.			
	220 BURIAL CREMAT REMOVAL (Special	y)	22c. NAME OF CEMETERY O		22d. LOCATION (CI		(State)		
	Burial	1-12-59	St.George's		Mt. Sava		Md.		
	23 FUNERAL DIRECTO		ADDRESS MA		AN 1 3 59	24b. REGISTRAR'S SIGN	Trans		
	Joseph	R. Durst, Fr	ostburg, Md.	DATE		1 3,	7 VIOLOGE		



61 CERTIFICATE OF DEATH

00093

L			UL	CEKIII		TIE OF L	JEMIN			Reg. D	ist. No		
1	PLACE OF DEATH					2 USUAL RESI	DENCE (Who	ere decease	d lived. If institu		ince befo	re odmiss	100)
	o. COUNTY	ALLEGANY	•	MARY	AND	o. STATE	WEST 1	/IRGIN	JI A B. COUNT	Y M	INER	AL	
		(if outside corporate li	mits, write c	LENGTH OF STAY I	N lb		11 1-11	stride corpo	rote limits, write)
	RURAL and give	CUMBERLAND		5 DAYS			WILE	Y FORE			4		4
Г	d. NAME OF HOSP	ITAL (f not in hospital,	give street ad	dress)		d STREET A	DDRESS					e. IS RES	IDENCE
L	MEMORIAL	ANEMORRAL C	ROAVES!	L									FARM?
3	NAME OF DECEASED	i	First	Middle		los		4. DATE Of	Mo	onth	Do	зу	Year
	(Type or print)	DELPHIA		3		WAGONE	R	DEATH	J	ANUAR	Y 9	, 1	19 59
S.	SEX	6. COLOR OF RAC	E 7. MARRIEI	NEVER MARRIE	0 🔲 8	DATE OF BIRT	Н		9. AGE (In year			IF UNDE	
L	FEMALE	WHITE	WIDOWED			AUGUST		902	lost birthday)		Days	Hours	Min
10	 USUAL OCCUPAT during most of wo 	ION (Give kind of wor irking life, eyen if relia	k done 10b. Kli edł	ND OF BUSINESS OF	RINDUS	TRY IT BIRTHPI	ACE (Stole	or foreign c	quatry)				COUNTRY
L	Elpris			Horse		M	IARYLAI	ND			U.S.	A.	
13	FATHER'S NAME	/				14. MOTHER'S	MAIDEN N	AME					
		WELLINGTON	LAND 1	3			MAHEL	IA HE	DRICKS				
15	WAS DECEASED EV	ER IN U. S. ARMED FO	DRCES? 16. SC		17. IN	FORMANT			Ad	dress			
1	370	(ii yes, give war or dones o	A Zarvice)		MEN	MORTAL H	OSPIT	AL.	CUMBE	RLAND	. MD		
F	IB. CAUSE OF DE	ATH [Enter only one	couse per line.	fer (a) (b), and (c)]		0		-	,			ERVAL BE	TWESKI
		ATH WAS CAUSED BY	, 6.	Guel	1000	Wells	P		5/1	0, 0	ON	SET AND	PERTY
	445 X	IMMEDIATE CAUSE		May 1				^	- 40	7	-	1-1-	1
	Conditions 35		1/2	1chlant	. X4.	1	11111	1 De	110		1	2 0	1
	Conditions, if	immediate	(b)	1 1010	/(<		1000	11.62.5	ECT.				/
	ly ng cause lost		(c) /2	alicin	IAL	The	ph	105	CIE	5/5	1	21	/
Z O	PART II. O'	THER SIGNIFICANT CO	NOTIONS CO	NTRIBUTING TO DEA	TH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION G	IVEN IN PA	RT I(o)	9. WAS	AUTOPSY RMED?
CATION		76	1581	IRAL Y	4en	Bent	Marl	i),	/	24		YES	
CERTIF	200 ACCIDENT W	AS UNDERLYING []	н1	BE HOW INJURY OF	CURRED	(Enter nature a	f injury in P	ort I or Par	t II of item 18.)	1			
		Y MEDICAL EXAMINER	<u> </u>										
MEDICAL	Hour o. m.	IRY Month, Day,	ear 20d. INJU	JRY OCCURRED Not white	20e PLA	CE OF INJURY (gry, street, office	Home, form,	20f (City	or tawn)		(County)		(Stole)
ME	p. m.	10		of work	100		Ma		they .	F12			
ı	21. I certify t	hat I attended th	e deceased	fram.	1341	1 1950	1/10 C/	Ke	1 195	Z,that I	last se	nw the	decense
	alive on	Glow	. 19 /	Ci -	death	occurred at	6:45	M from	n the couses				
	//	7		7	000117	4.	A L	DDRESS (SI	treet, city or town	, state)	ine uu	BA	LTE SIĞNE
	ACTUAL SIGNATURE	TOILER	HIL	ew	,N	(LD)	90	TH	Eue	57	==	1/1	1/59
	PHYSICIAN'S NAME (Type)	5 4	WE	ISMAI	<u> </u>	-6	elel	sest	and	L	U	/	
22	REMOVAL (Specific	ON. 226 DATE THER	5 9 E	Ford Ros	11/	CREMATORY		22d LOCAT	Yash	or county)	1.1	(S1016	e)
23.	FUNERAL DIRECTOR	R'S SIGNATURE	Inc	ADDRESS	l.	ma	240 REC'D	BY REGIST	27.49	STRAR'S S	4 4		

eral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the page 3 should be ached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shifther registrar prior to burial, cremation, or removal, and in any exent within 72/hours after death. VS A15 (4) 15M 10/57

I

0



28

MAIL DEPARTMENT OF HEALTH—BALTMOKE,	10	0009
CERTIFICATE OF DEATH		0000
CERTIFICATE OF DEATH	Reg. Dist	l. Ne.

)		PLACE OF DEATH	All cany	MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institut on Residence before admission) a STATE 1. TV101d b COUNTY All . Cary					
	ı	CITY OR TOWN (If our RURAL and give neares HTOST	Iside carporate limits, write I tawn)	c. LENGTH OF STAY IN 15	12	WN (If outside corp Frostbur		arest town)		
	,	d. NAME OF HOSPITAL (our g If not in hospital, give street S Hospital		d. STREET ADD		8, 110.		e IS RESIDENCE ON A FARM? YES NO N	
	- (NAME OF DECEASED (Type or print)	PATIENCE	MARGAR IT	WENCK	4. DATE OF DEATH	Janua:	1	Yeor 19 59	
	5. 9	female 6.	white widow	RIED A NEVER MARRIED DIVORCED	12-6-1	900	9 AGE (In years lost bighthou)	Months Doys	1F UNDER 24 HRS Hours Min	
		USUAL OCCUPATION (during most of working housework	lite, even it refired)	wn home		E (Stote or foreign	country)		S. A.	
	13.	FATHER'S NAME			14. MOTHER'S M	AIDEN NAME				
		George	Arnold		Tally	Atkinso	m			
1		WAS DECEASED EVER IN	U S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	03221100	Addre	193		
, }	(701			none	Frank W	enck, Fr	os thing.	, Rt. 2	, i.d.	
		IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caracteristics ONSET AND DEATH CAUSE ONSET AND DEATH								
		Candilians, if any, which of arterioscherotic Cardiovosculor						L		
	_	course (a), stating the <u>under-</u> DUE TO lying course (ast. (c) (c)						20000	Year 2	
Å.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS A PERFORM TO THE TERMINAL DISEASE CONDITION GIVEN GIV							PERFORMED?		
	MEDICAL	20c. TIME OF INJURY A Hour o.m. p. m	White		ACE OF INJURY (Ho clory, street, affice b	me, farm, 20f (Cit ldg., etc.)	y or tawn)	(County)	(State)	
		21. I certify that I	attended the deceas	ed from March 59, and that death	19 <i>5</i> /,	ta 724	12.50 m the courses or	that I last so	iw the deceased	
		ACTUAL	DAR I	347		Appress (s	ifreet, city or town, s	late)	DATE SIGNED	
		PHYSICIAN'S NAME (Type)	John L.	Davis, II. D.		Frostbur				
	220.	BURIAL, CREMATION, PEMOVAL (Specify)		22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, Jawn, or	• • • • • • • • • • • • • • • • • • • •	(State)	
			1-7-59	F'bg. Megor			rostbur;			
	23. 1	FUNERAL DIRECTOR'S SIG		stburg, 11d.	-	to. REC'D BY REGIS		RÁR'S SIGNATUI	-	
٠, ١	-			0,	D	AUAN 8 '59	Chillia	1 d. / NAME		



YES NO

(State)

Reg. Dist. No.

director, filed with filed a physician and campletely filled in by remove corbon papers. Pages 1 and 2 bours-after death.

death. Page

executed within 24 hours after

ATTENDING PHYSICIAN: The faw requires that the death certificate be

PLACE OF DEATH a. COUNTY Allegany MARYLAND

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town ing

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Maryland b. COUNTY Allegany

c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Lonaconing

	OR INSTITUTION	Natercliff	e Street		STREET ADDRESS Wate	rcli	ffe Street			PALM?
	NAME OF DECEASED (Type or print)	Althea	Middle		Wilson	4. DATE OF DEATH	January	De	· Ca	19 59
	sex Female	7.77 F a	MARRIED NEVER MARRIED DOWED DIVORCED		uly 31,188	6	9. AGE (In years lost highbody) Month		Hours Hours	R 24 HRS Min
100	House	ON (Give kind of work done implified)	10b. KIND OF BUSINESS OR I				Maryland.		S.A.	COUNTRY
13.	FATHER'S NAME	John Wilso	n		14 MOTHER'S MAIDEN N		rgaret Par	k		
		R IN U.S. ARMED FORCES? (If yes, give wor or doles of service)			illiam Wil	son	Cumberl	and,	Md.	
		TH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ny, which (b)	Outeros	J.	Occlusion de la	ion		ON	SET AND HOW JOCU Jecu Jecu	DEATH
NO		(c) HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	BUT N	OT RELATED TO THE TERMI	HAL DISEAS	SE CONDITION GIVEN IN F	PART I(o)		

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of Item 18.)

20c. TIME OF INJURY Month.

20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg . etc.) White Not while at work at work

21. I certify that I attended the deceased from Ithat I last saw the deceased That death accurred at____ A.M. fram the causes and an the date stated above. alive on ADDRESS (Street, city or town, state)

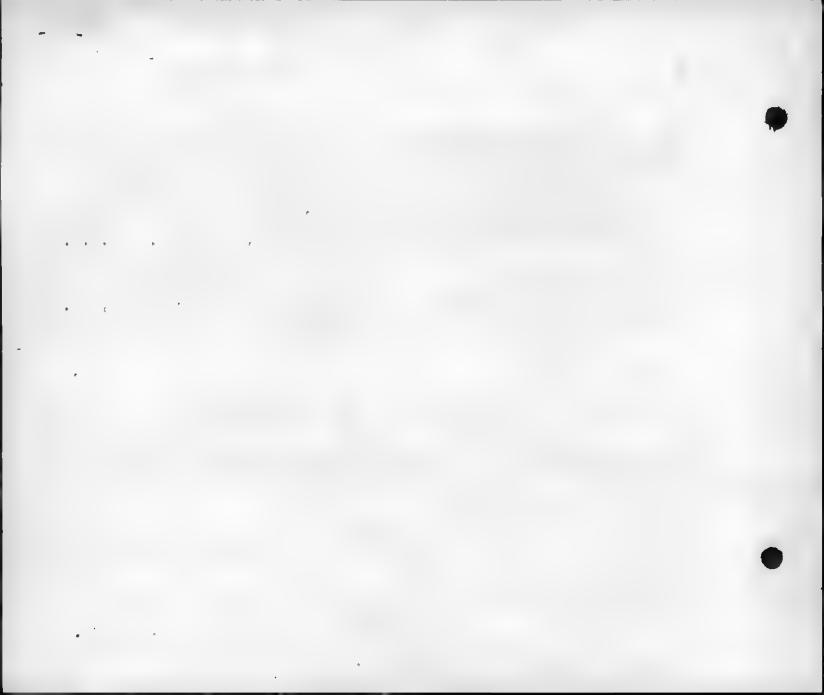
LONACOIVING PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OF CREMATORY
Oak Hill Cemetery 22d LOCATION (City, lown, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF (State) Lonaconing, Md.

ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE George Eichhorn Lonaconing, Md.

moy be retained by TO FUNERAL DIRE 15M 10/57

the registror



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH R STATE Rea, Dist. No. ALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived If institution Residence before admission) e. COUNTY Allegany b COUNTY Allegany MARYLAND b. CITY OR TOWN (Loutside corontate limits, write, EURAL C SENGTH OF STAY IN TH c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barton Yrs Barton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RE' DENCE YES TI NOK 3. NAME OF Middle 4. DATE DECEASED OF DEATH Richard Brav Wilson (Type or print) Jan 16 1959 5. SEY 6 COLOR OR RACE 9 AGE (In years 7. MARRIED T NEVER MARRIED TO B. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS lost 5 (hdey) Male Months Hours Min WIDOWED [7] DIVORCED | Y CY 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Poge during most of working life, even if relired) Steel Mill U.S.A. Lnaconing, Md. 24 hours after Give Pages 1, 7 I form PM3, Po pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James P. Wilson Pearl Brav 15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no, er unknown] (If yes, give was as dates of service) Mr. James P. Wilson. Barton. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) INTERVAL BETWEEN Office along PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost. Exci PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPS PERFORMED? the word "pend Chief Medical E 3 should be used 0 200 EXTERNAL CAUSE WAS
PRIMARY OF CONTRIBUTING
CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18) Month, Day, Year 20d INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Slote) Not while 195 at work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection N. Inquiry A opinion death resulted from: Natural causes . Accident X. Suicide . Homicide . Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S should FUNER NAME (Type) DEPUTY MEDICAL EXAMINER TO 720 BURIAL CREMATION 22d LOCATION (City, town, or county) (Stote) Jan. 19. 1959 Philos Cemetery Westernport ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 246. REGISTRAR'S S GNATURE Westernport. Md. A15ME DATEAN 5M 2/57 The second of



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) · COUNTY filed **b. COUNTY** MARYLAND edanu lleganu b. CITY OR TOWN (If oulside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) c. LENGTH OF STAY IN 16 RURAL and give nearest town) 216 Wallace Cumberland d NAME OF HOSPITAL (If not in haspital, give street address) # d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? walface YES NO P NAME OF Middle 4. DATE Day Yeor DECEASED (Type or print) DEATH elsen 2 7 19 59 an. 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 9. AGE (in years lost birthday) Months Davs Min. Male Colorec DIVORCED | WIDOWED | Way yrs. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Hote New 'U 5.17. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Mae Stewart Wood ENVU remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANI Address Mrs WM h. Wesd Cumberland thending CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO cattle (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) Hour o.m. While Not while at work at work 21. I certify that I attended the deceased from 1. that I last saw the deceased that death accurred at 41 MA My from the causes and an the date stated above. aci ACTUAL Id b PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Woodlawn Cumberland

ADDRESS

(W.

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 1/55

Burual

23. FUNERAL DIRECTOR'S SIGNATURE

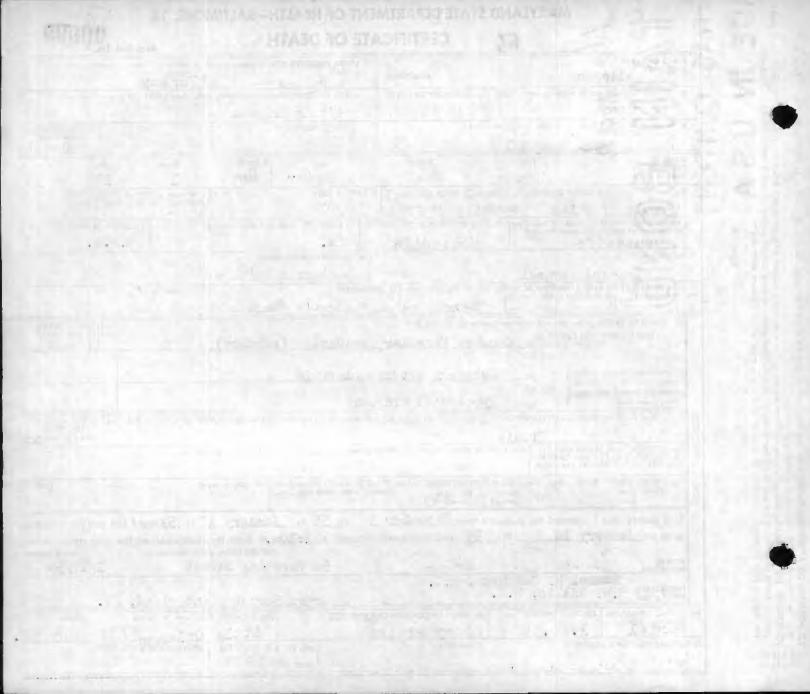


15M 10/57

DATE JAN 1 2 '59

arthur & Kroug





60

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00100

6:	5 0	ERTIFICA	ATE (OF	DEATH

Reg. Dist. No.

o. COUNTY ALLEGANY	MARYLAND	o. STATE MARYLANI		b. COUNTY	ce before admission) LEGANY
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CUMBERLAND	LENGTH OF STAY IN 16		autside carporate lie	mits, write RURAL and q	give nearest town)
OR INSTITUTION MEMORIAL HOSPIT	AL	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
MEMORIAL & WARWICK AVES.		/ 1219 FRI	EDERICK S	TREET	YES NO
3. NAME OF DECEASED (Type or print) RAYMON	Middle ID L	ZIMERLA	4. DATE OF DEATH	Manth JANUARY	3 19 59
1441 C 1 1 1141 TC	IEDA NEVER MARRIED	8. DATE OF BIRTH	9. AG	E (In years IF UNDER birthday) Manths	1 YEAR IF UNDER 24 HRS.
MALE WHITE WIDOWE		JULY 5, 18	70 0)) yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b.) Oduging most of working life even if retiled) Filmed dute Secry lifese	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State	lond		S.A.
13. FATHER'S NAME WILLIAM ZIMERLA		14. MOTHER'S MAIDEN N	NAME He	ber	
(Yabanta, or unknown) , (If was now was needless of service)	50 CIAL SECURITY NO. 17.	MEMORIAL H	OSPITAL.	Address CUMBERLAND	, MARYLAND
18. CAUSE OF DEATH [Enter only one cause per lin PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	for (a), (b), and (c).]	1 to 1. T			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Compart II. OTHER SIGNIFICANT CONDITIONS COMPART III.	Crerole	el AT	en-	lyrs	
CATI	V	THO REDATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN PAR	PERFORMED?
	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II af	item 18.)	
ZOC. TIME OF INJURY Month, Doy, Year 20d. IN While of work	Not while	LACE OF INJURY (Hame, form actory, street, affice bldg., etc.	20f. (City or tax	~n) (C	County) (State)
21. I certify that I attended the decease	ed from // 2	, 195 <u>9</u>	1 1 3	., 19.5% that I I	lost sow the deceosed
olive on // 3 , 19 5	, and that deat	h occurred of 2:12	1	couses and on th	
SIGNATURE SIGNATURE	120 1 C	M.D	Lynn	neH.	1/4/87
PHYSICIAN'S MAME (Type) GEORGE M. SI	MONS	Cisol	rulond	22 4	, ,
220 RURIAL CREMATION, 226. DATE THEREOF PLANTS OF STEMOVAL (Specify) 1/5/59	Milkered B	errol Park	22d LOCATION !	Gy, tawn, or pountal	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Lumb- 1	M & DATE AN	D BY REGISTRAR	24b. REGISTRAR'S SIG	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital an attending physician.

TO FUNERAL DIRF.

R: After this certificate has been signed by the attending physician and completely filled in by the perof director, page 3 should by adjacked for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 10/S7

